FOR STATE HEALTH DEP

02255

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

-					al agencies a man
	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	02207
-					11000

	41	No.
1. PLACE OF DEATH a. COUNTY Derchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: o. STATE Maryland b. COUNTY Doro	Residence before admission
b. CITY OR TOWN (if outside corporele limits, write RURAL and give neerest lown) Cambridge b. CITY OR TOWN (if outside corporele limits, write RURAL and give neerest lown) about 40 years	c. CITY OR TOWN (If outside corporate limits, write RURAL en	d give neerest lown)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 208 Maryland Avenue	d. STREET ADDRESS 208 Maryland Avenue	e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF First Middle DECEASED (Type or print) LEROY E. AD.	AMS 4. DATE Month OF DEATH February	Day Yeer y 22, 19 66
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Feb. 6, 1910 9. AGE (In years F UNDER 1 State S	YEAR IF UNDER 24 HRS. Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Owner 10b. KIND OF BUSINESS OR INDUSTI	Wingate, Der. Co., Md.	USA
13. FATHER'S NAME Edward Adams	14. MOTHER'S MAIDEN NAME Mamie Windsor	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordatesofservice) Unknown Mr.	INFORMANT s. Thernie Phillips, Baltimere,	Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last.	e poisoning	INTERVAL BETWEEN ONSET AND DEATH Instant
I DRIMARY TVA. CONTRIBITING	. (Enter nature of injury in Pert I or Pert II of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO 1
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Not While led		(0.3.5)
21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident . Suice . Accident . Suice . Accident . Signature	eld an Autopsy Inspection , Inquiry , cide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	and in my opinion
EXAMINER'S NAME (1yps) 10hn Mace Jr 226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) R CREMATORY 22d. LOCATION (City, town, or county)	
Burial Feb 26, 1966 Derchester Mei 23. Funeral director Address	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	
LeCompte Funeral Service, Cambridge, Mary	yland MAR 1 1966 Icharles	Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page formar be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department—of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. Health or its designated agent, prior to burial, cremation, or removal, and in any event

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Hadren and Married Phillips, salidant, Lasters

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February 1995 Income by Manerick Carry de Carry and

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 6 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 21 hours after death. 63

> VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02256 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02208

	PLACE OF DEATH			2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission)						
		rchester	MARYLAND	o. STATE Maryland b. COUNTDOrchester						
	write RURAL and	f outside corporete limits, give negrest town) mbridge	2. Weeks	c. CITY OR TOWN (If outside eorporete limits, write RURAL end give neerest town) Church Creek						
			n hospitel, give street eddress)	d. STREET ADDRESS		I e. IS RESIDENCE				
		idge-Marylan		Md. Route 1	6	ON A FARM? YES NO A				
3.	NAME OF DECEASED (Type or print)	Lula	Jones	Banning de		Py 17,1966				
5.	SEX	6. COLOR OR RACE 7 MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years)					
1	Female	White WID	OWED DIVORCED	Jan.12,1890	1 . 1 . 1 . 1 . 1	Months Days Hours Min.				
do	n. USUAL OCCUPATION of during most of work Homemake	rking life, even if retired)	Db. KIND OF BUSINESS OR INDUS	11. BIRTHPLACE (State or foreign	**	12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
	Edwi:	n B. Jones		Margaret El	llen Rich	ardson				
		R IN U.S. ARMED FORCES? yes give war or detes of service)		INFORMANT	Address					
	No		,	iss Ellen Banni	ing, Churc	h Creek, Md.				
	The second second second	EATH Enter only one sause	per line for (e), (b), end (c).)			INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATE	MAS CAUSED BY:	assive pulmon	arv embolus		2 hours.				
	1040	DUE TO								
	Conditions, if any		Fracture neck	1 famur		17 days.				
	geva rise to Immedia	te cause	Fracture neck	I. I Gillar.						
	(a), stating the un	derlying DUE TO								
	cause last.) (c)								
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?				
NO.						YES XX NO 1				
_	20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.	NTRIBUTING 🔀	pped and fell	in home.	ert II of item 1B.)					
3	20c. TIME OF INJUI		Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 1 20f.	(City or town)	(County) (State)				
MEDICAL	8 PM p.m.		While Not While Ho	ctory, street, office bldg., etc.)	urch Cree					
	21. I certify th	at I took charge of the	remains described above, h	eld an Autopsy X, Inspect	ion , Inquiry	and in my opinion				
		om: Natural causes		cide , Homicide ,	Undetermined ma	nner 🗍				
		^		CHIEF MEDICAL EXAMINE						
	ACTUAL	0, 2								
	SIGNATURE	Jun 1	rock		0/70	166 DATE SIGNED				
	EXAMINER'S NAME (Type)	ohn Mace Jr	. M.B.	DEPUTY MEDICAL EXAMIN Address (Street, city, town	0	mbridge, Md.				
22a	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d. 10	CATION (City, town,					
	Burial	Feb.20,19	66 Old Trinit;	y Churchyard Ch	nurch Cre	ek, Md.				
23	UNERAL DIRECTOR	2000	ADDRESS	24e. REC'D BY REC	GISTRAR 246. REGIS	TRAR'S SIGNATURE				
1	queth	N. Hura	Cambridge Cambridge	Md. DEFEB 21	1958 Acr	arles Judge				
					V					

And lus off Burgellang and a name of the latest MATERIA ... * The second sec No. of Contract of 13

pessary, the funeral may be TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages Trand 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()2209

114411		0.00						
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	idence before admission)						
Dorchester MARYLAND	e. STATE Maryland b. COUNTY Wic	omice /						
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL en							
rural Cambridge 18 years	Francist I am d	27-2						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	Fruitland d. STREET ADDRESS	e. IS RESIDENCE						
	William St.	ON A FARM?						
Eastern Shore State Hospital								
3. NAME OF First Middle DECEASED (Type or print) Pearl M. Bri		Dey Year 17 19 66						
7. MARKIED THEFT MARKIED	B. DATE OF BIRTH 9. AGE (In yeers IFUNDER 1 Months D	YEAR IFUNDER 24 HRS.						
f white WIDOWED DIVORCED	9/18/98 67 yrs. Months	dya Hours Mins.						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. K(ND OF BUSINESS OR INDUSTRY	Pocomoke-Rural USA	IZEN OF WHAT NTRY?						
factory worker	14. MOTHER'S MAIDEN NAME							
Gordon Redden								
	Savannah Ward							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po, or unknown) (If yes give war or dates of service) LITE Med	Rebert J. Redden (Brother) Rdical Records, ESSH Cambridge,	D.#2Eden						
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]		ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DROWN IN G								
775 X DUE TO								
Conditions, if any, which (b)	715.79							
gave rise to immediate (
cause (e), stating the								
(0)	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY						
OT THE STATE OF TH		PERFORMED? YES XX NO						
20a EXTERNAL CAUSE WAS 1 20b DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	1 1-1 ED 11 - 1-1						
PRIMARY Tor CONTRIBUTING WALKED INTO RIV	ER							
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, 20f. (City or town) (Coun							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factor work of the state	R CAMBRIDGE DOR	. Mo.						
21. I certify that I took charge of the remains described above, hel	ld an Autopsy X. Inspection . Inquiry .	and in my opinion						
	icide X. Homicide , Undetermined manner							
death resulted from: Hattiral causes [], Avoident [], our	CHIEF MEDICAL EXAMINER							
ACTUAL Velon More 6	ACCIOTANT MEDICAL EVAMINED	22. DATE SIGNED						
SIGNATURE	DEPUTY MEDICAL EXAMINER	22×x2×66						
EXAMINER'S JOHN MACE JR.	Address (Street, city, town, or county)	2/18/66						
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY								
_REMOVAL (Specify)	metery Salisbury, Mar							
24. FUNERAL DIRECTOR ADDRESS	25a BEC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE						
HOLLOWAY & COMPANY SALISBURY, MARY	1111000	Quelas						
	DATE	- Land						

11.1881 William St. Posonos=-Eurel Transport J. Redden (Brother) .. O. - 2 Lden THETSELL ic Lieuwon (TETTI TERINI Charles Sales 10. STYKYYX: John Bolls Whot Burial Feb. 21/1966 Persons Cometery Salisbury, Margland

ROLLOLAY & COPPART SALISBURY, MARYLAND

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ony deloy is necessary, please o the function director. Page to be retain for your files. In the State Board of Health, offer death.	TE EPT.	3.	D. 2258 PLACE OF BEATH O. COUNTY D. CITY OR TOWN (III PIND GIVE PROFEST POWN) J. NAME OF HOSPITA M. B. P.) NAME OF DECEASED (Type or print) SEX
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If execute the control of the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 the 4 should be full of the Chief Medical Examiner's Office along with form PM3. Page 5 may TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with arrive are its designated agent, prior to barial, cremotion, or removal, and in any event within Magnetical and its designated agent.	0 09	MEDICAL CERTIFICATION	PART II. OTH Conditions, if an gave rise to immed (a), stating the u couse last. PART II. OTH 20a. EXTERNAL CAU PRIMARY OF CONCAUSE OF DEATH. 20b. TIME OF INJUR Haur a.m. p. m. 21. I certify th opinion death a signature EXAMINER'S NAME (Type)
0 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	0		REMOVAL (Specific

MARYLAND STATE DEPARTME	ENT OF HEALTH—BALTIMORE, 18
02258 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Reg. Dist. No. 2212
PLACE OF DEATH O. COUNTY DORCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. STATE D. COUNTY D. R.
b. CITY OR TOWN (If autitide corporate limits, write RURAL or. LENGTH OF STAY IN 16 and give recrest town) A M B R 10GE SDAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NILLIAMS BURG 09-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) AMBRIDGE HOSPITAL	d. STREET ADDRESS STITIMARMS//R/FFT//H444F/ YES NO X
NAME OF DECEASED (Type or print) GFORGIA Middle	CAMPER 4. DATE Month Day Year 1966
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	11-30-87 Months Days Hours Min.
D. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	MARY LAND 12. CITIZEN OF WHAT COUNTRY?
ough Canley.	14 MOTHER'S MAIDEN NAME
WAS DECEASED EVER IN U. S. ARMED CORCES? 16. SOCIAL SECURITY NO. 17. R	ESORDS CAABRIDGE HOSPITAL
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) REMI	INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
gave rise to immediate cause (RE NECK FEMUR 5DAYS
(a), stating the underlying DUE TO couse last. (c)	<u> </u>
	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)
CAUSE OF DEATH. FELL IN NOR	nter nature of injury in Port I ar Port II of item 18.) SING HOME
20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLAC While Not while at wark of work 2	CE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) ory, street, affice bldg., etc.) EST HOME WILLIAMS BURE DOR. MJ

21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry | and in my opinion deoth resulted fram: Natural causes . Accident

Suicide , Hamicide , Undetermined manner

ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S

DEPUTY MEDICAL EXAMINER

DATE

(Stote

DATE SIGNED

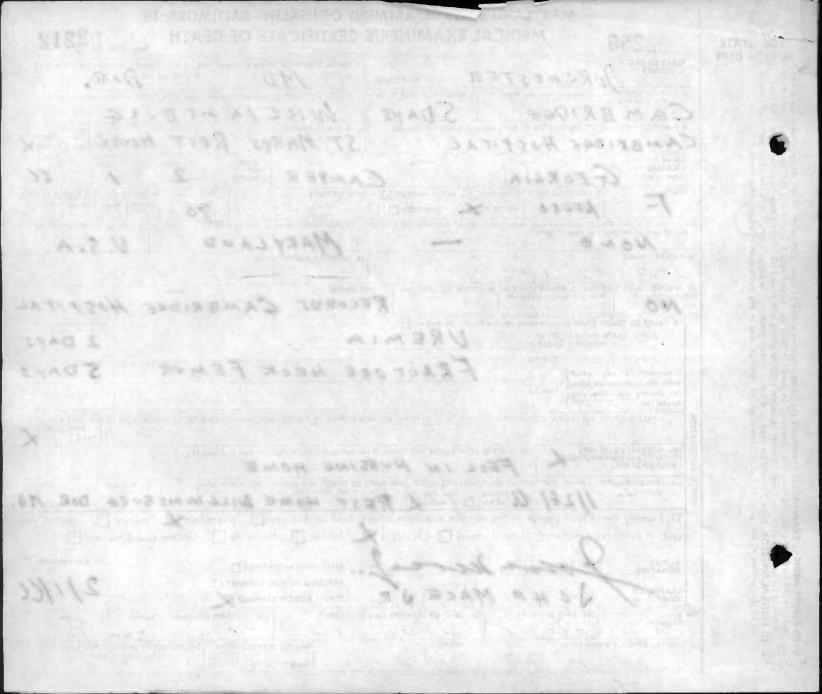
BURIAL, CREMATION, 226. DATE THEREOF 22c. MANE OF CEMETERY OR CREMATORY RESOVAL (Specify 66 en FUNERAL DIRECTOR'S SIGNATURE ADDRESS

240, REC'D BY REGISTRAR 1956

22d. LOCATION (City, John, or cognly)

246 REGISTRAN SISIGNATURE

VS. A15ME BM 2/57



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>			(1)	A
	sth.	la la	ath	-

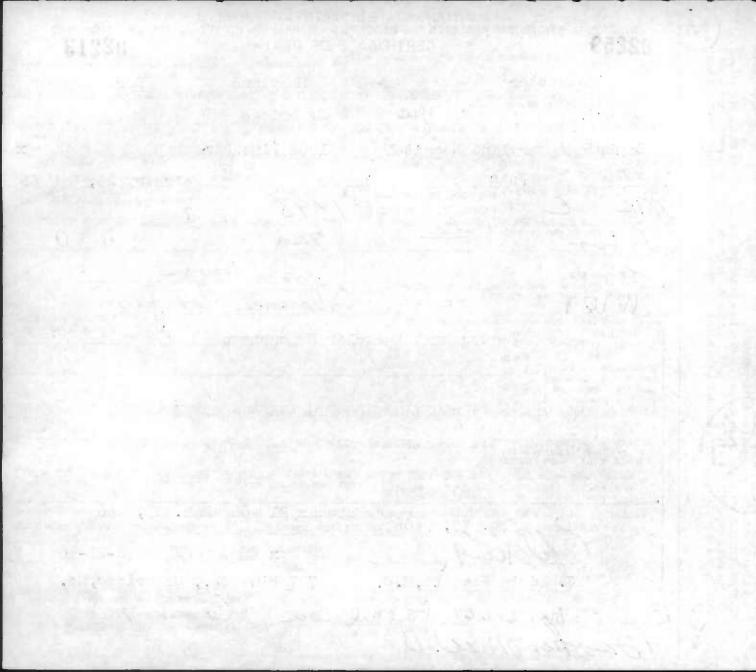
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dea executed within 24 hours after dea TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL 02259

MARYLAND STATE DEPARTM	ENT OF HEALTH	
RESEARCH AND RECORDS, 301 W.	PRESTON STREET,	BALTIMORE 1, MARYLAND
CERTIFICATE OF	DEATH	02912

1.	PLACE OF DEAT a. COUNTY	Н						There decease			sidence be	fore admission)
Dorchester						a. STATE	a. SIATE B. COUNTY Dorchester					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)									ate limits, wr	te RURAL	and give	nearest town)
	Cambr	idee	t town)	yn	a	Camb	ridge				09-	1
		SPITAL OR INSTIT	TUTION (If not	t in hospital,	street address							S RESIDENCE
	Comba	idge Ma	marlan	d Hagni	+-1	3002	Pine	Stro	ot		YES	ON A FARM?
3	NAME OF	TOPE Ma	First		liddle	Last	1 4.	DATE	Month		Day	Year
0.	DECEASED (Type or print)		John				7	OF			Day	
5.	SEX	6. COLOR OR R		RIED NEVER		nner 8. DATE OF BI	RTH	10 A1	ebrua:	IF INDER 1	YEARILE	19 66 UNDER 24 HRS.
-	Mal	P	71		DIVORCED	109	X >	la	st birthday)	Months		lours Min.
102	LISUAL OCCUPA	TION (Cive kind of		Ob. KIND OF BUS		1 SIRTHPI	ACE (County	& State or	foreign country) 12 CD	FIZEN OF	WHAT
dur	ing post of work	ling life, even If r	etired)	INDUSTRY	IIILOO OK	m	I want	or June, or	torcigit bound 3		UNTRY?	2
13	. FATHER'S NAM	16	1			14. MOTHER	PE MAIDEN N	ARAC		u	. 0	
13.	. TATTICK S WAN	1				14. WOTHER	17					
16	un	EVER IN U.S. ARM	ED FORGERS	10 000111 050	HD1894010 L 48	1 de	ner	uro	-			
		(Li yes pive war or d		16. SOCIAL SEC	URITYNO. 17	INFORMANT		(0)	Addres	S		
	W	D				Alac	ence	. (3	wo	er		
		DEATH [Enter on		per line for (a), (b), and (c).]				1		INTERV	AL BETWEEN AND DEATH
	PART I. D	EATH WAS CAUSE	D BY: AUSE (a) C	erebral	Vascu	lar Hem	orrhag	ge			011021	7,
	3311	1	DUE TO									
	Conditions, If		(b)									
	gave rise to cause (a), s		DUE TO									
	underlying cau		(c)							100		
10N	PART II. OTHER	SICNIFICANTON		TRIBUTING TO DE	ATH BUTNOTRE	LATED TO THE TER	MINAL DISEA	SE CONDIT	ION CIVEN IN	PART 1(a)	19. W	AS AUTOPSY ERFORMED?
CERTIFICATION											YES	NO NO
TIF	20a. ACCIDENT	WAS UNDERLYIN	IG 🗍 20	b. DESCRIBE H	OW INJURY OC	CURRED. (Enter n	ature of Inju	ry In Part	l or Part II o	f Item 18.)		
CER	(IF EITHER, NO	ING CAUSE OF	XAMINER)									
MEDICAL	20c. TIME OF	INJURY Month,	Day, Year 2	od. INJURY OCCI		ACE OF INJURY		20f. (Cit	y or town)	(Cour	nty)	(State)
EDI	Hour e.	m. m.	19 at	Work Not Wi	alle -	tory, street, office	blog., etc.)					
N.		fy that (I) (this				ohmilo mir	27 1066	to Fe	h 23	1066	5 that	(I) (wo) last
		ceased-alive or				at death occurr						
	22a. SIGNATU		1	113	, and th	at death occur	eu at	_111, 11 0111	the causes		TE SICNI	
		(14)	Was	ul		.D. PHYS.	MED.	CTOR [STAFF PHYS.	2-2	23-6	6
	22c. PHYSICI		100	- Y	IV	22d. ADD		LION L	rnis.			
K.	NAME (T	ype) J. Ed	lwin F	assett,	M.D.	727	Pine	S	Camb	ridge	e, Md	•
232	BURIAL, CRE	MATION, 23b. D	ATE THEREOF	23c. NA	ME OF CEMETE	RY OR CREMATOR	RY 2	3d LOCA	TION (City, to	wn or cou	nt/)	(State)
1	BREMOVAL (SO		6-6	4 1-	5 thes	Com		Ca	w.	me	X	
24	. FUNERAL DIR	ECTOR /	10	ADI	DRESS	2	5a. REC'D B	Y RECISTR	AR 25b. R	EGISTRAR'S	SIGNAT	URE
	120	reper	MM	Wes	1-	D	ALEAR 7	100	36 00	leavele	- 0	138 -
-	.00	0	V		1	10	113 E	IU.	2-21	12/1/		

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funeral and 2 r death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Press I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02260

1. PLACE OF DEATH a. CDUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Maryland Dorchester				
b. CITY OR TOWN (if outside corporate il write RURAL and give nearest town)	MARYLAND mits, c. LENGTH OF STAY IN 1b	Maryland Dorchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
write RURAL and give nearest town) Cambridge	14 Hrs. 55 M					
d. NAME OF HOSPITAL OR INSTITUTION (I						
Cambridge Maryland Hos	pital Inc.	Box 183 YES ☐ ND 🗵				
3. NAME OF First OECEASED (Type or print) Boy	Middle	Carr OF February 5 19 66				
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.				
Molo Morro	WIDOWED DIVORCED	Feb. 4, 1966 last birthday) Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work don- during most of working life, even if retired) None	e 10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) Dorchester Maryland USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Richard Daniel Robin		Shirley Mae Carr				
15. WAS DECEASED EVER IN U.S. ARMED FDRCE (Yes, no, or unkown) (1f yes give war or dates of ser		INFORMANT Address				
No		Mother Box 183 Vienna Md.				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTATION DEATH BUT NOT RE	mentioner Spedence mentioner dieseligites destricted LATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) 19. WAS AUTDPSY PERFORMED?				
FICAT		YES X NO				
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Month, Day, Yea Hour a.m. p.m. 19		LACE OF INJURY (Home, farm, tory, street, office bidg., etc.) 20f. (City or town) (County) (State)				
21. I certify that (I) (this hospidal saw the deceased alive on F9	i) attended the deceased from F	at death occurred at 8:40M, from the causes and on the date stated above				
22a. SIGNATURE	and M	ATTENDING MED. STAFF 22b. DATE SIGNED 2-8-66				
22c. PHYSICIAN Dr J Edwin	Fassett	22d. ADDRESS 727 Pine St Cambridge Md				
23a. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) Buria1 2-5-66	Methodist Ch	hurch Cemetary Vienna				
24. FUNERAL DIRECTOR Richard Robinson	Box 183 Vienna Mo	d. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE B 10 1966 feliantes Judge.				

Tennel Committee of the the many of the company of the compa

MARYLAND STATE DEPARTMENT OF HEALTH

		ivision of STATISTI	CAL RESE	ARCH AND RECOI	RDS, 301	W. PRESTON	STREET, E	BALTIMORE, MAR	YLAND 212	201		
	02261			CERTIF	ICATE	OF DEAT	H		0	221	16	1
	PLACE OF DEATH o. COUNTY D C	RCHESTER		MAR	YLAND	a STATE	NCE (Where	deceosed lived, if instit b. (O	LIMITY	ce before		V
	b. CITY OR TOWN (If write RURAL and CAMBRIDGE	outside corporate limits, give nearest tawn)		c. LENGTH OF STAY	IN 1b	CRISE		corporate limits, write R	RURAL and give	e neorest	town)	
		OR INSTITUTION (If not		3		d. STREET ADDRE	STREE	т			ON A FAR	
3.	NAME OF DECEASED (Type or print)	Firs John		Middle WESLEY		Last Collins		DEATH FEBR	onth RUARY	Doy 4	Year 19 6	6
S.	MALE	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED	NEVER MARRIE		08-26-0	7	9. AGE (In yeors last birthday) 58 yrs.		Days	Hours !	Min.
dur	ing most of working li		11	IND OF BUSINESS OR NDUSTRY		MARY	LAND	e, or foreign country)	(0	IZEN OF UNTRY?	WHAT	
	13. FATHER'S NAME JAMES COLLINS					14. MOTHER'S MAIDEN NAME NEOME GILES						
(Y		IN U.S. ARMED FORCES? If yes give war ar dates af		SOCIAL SECURITY NO. 18-05-2958		NFORMANT CORDS - E/	ASTERN	Add SHORE STA	dress NTE HOS	PITA	Ł	
	18. CAUSE OF DEA	ATH (Enter only one cause I WAS CAUSED BY: IMMEDIATE CAUSE (c	CF	r (a), (b), and (c).) EREBRAL HEI	MORRH	AGE				CAIS	RVAL BETW ET AND DE HRS.	
	Canditians, if ony,	ROSIS	AND HYPERTENSION					YRS.				
	stating the underl	ying cause DUE I	c)									
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)							WAS AUTOR PERFORMEI				
L CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY N	□ CAUSE OF DEATH										
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 20d. INJURY OCCURRED While Nat While at wark at wark factory, street, office bldg., etc.)											
	saw the de	y thot (I) (this hosp ceosed olive on	itol) atter BEB	nded the deceosed 4 19 <u>66</u> ,	from_ and that	JAN . I !	8 , 19 <u>6</u> ed at <u>3:</u> 2	6, ta FEB. 8 PM, from cause	s ond on t	he dote	e stoted	ve) la: obov
	22a. SIGNATURE	F Band	10		M.D	711131	MED.	TOR STAFF		ATE SIGNI	ED	Y
	22c. PHYSICIAN'S NAME (Type)	C. F. BAR	ROSO,	M. D.		E.S.S.I		AL, CAMBRI	DGE, D	OR.	Co.,	Мр

ADDRESS

(County)

REGISTRAR'S SIGNATURE

250. REC'D-BY REGISTRAR

DATE

2Sb.

(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital ar attending physician.

be executed within 24 haurs after death.

VR A15 (4) 20 M 1/66

BURIAL, CREMATION, REMOVAL (Specify)

1312 TED ST No tail Transfer was agreed 7.17 to 1 action. and the transmission of the street and the street a and a long to the long and

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Tempore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and remylevent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

3

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	02252 CERTIFICATE OF DEATH ()2217
l.	PLACE OF DEATH a. COUNTY Dorchester MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY Dorchester MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) 2000 0 1 20
(d. NAME OF HOSPITAL OR (NSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Ames Herman Conducty Death 24 1966
/	SEX O COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED DIVORCED 1. BIRTHPLACE (County & State, or foreign country) 12, CIJIZEN OF WHAT
ur	Ing most of working life, even if retired) INDUSTRY INDUSTRY
13.	FATHER'S NAME HIGHER'S MAIDEN NAME TO DO
15 Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (If yes give war or dates of service) Address Address
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
KIILICALION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS LINDERLYING TO 1.20b. DESCRIBE HOW IN 11194 OCCURRED. (Enter nature of injury in Part 10; Part 11; of Item 18.)
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 While at work at
	21. I certify that (I) (this hospital) attended the deceased from 9/30/57, 19 to 2/24/, 19 66, that (I) (we) last saw the deceased alive on 2/34/, 19 66, and that death occurred at 2/45M, from the causes and on the date stated above. 226. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) Albert E. Bunker M.D. 22d. ADDRESS Cambridge Maryland
1	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coupty) (State) REMOVAL (Specify) 2 2 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

1966

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in ear event, within 72 hours after death.

Page 4 may be retained by the hospital or attending physician.

A15 (A)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 2263 CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, It Institution: Ri	esidence before admission)
Dorchester MARYLAND	a. STATE Maryland b. COUNTY De	rchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Rural - Cambridge 11 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Rural - Cambridge d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Eastern Shore State Hospital	RFD 2	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Nettie	Cooper DEATH February 2	27, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. AGE (In years IFUNDER: last birthday) Months	Davs Hours Min.
Pemale Negro WIDOWED M DIVORCED 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	June. 20, 1899 66 yrs.	
during most of working life, even if retired) INDUSTRY	11. BIR: 1. ACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT UNTRY?
Laborer Laborer	Dorchester Co., Md.	USA
George Burroughs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Ellen Thomas	
(Yes, no, or unkown) (If yes give war or dates of service)		
	Medical Records, ESSH, Camb	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failu	ıre	Hours
260X DUE TO		
Conditions, If any, which (b) CVA with	hypertension	Years
gave rise to immediate (cause (a), stating the DUE TO		
underlying cause last. (c) Diabetes mi	ellitus	Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGNIFICANT CONTRIBUTIONS CONTRIBUTIO	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Part I or Part II of item 18.	
20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work the at work the street of	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bidg., etc.)	nty) (State)
21. I certify that A (this hospital) attended the deceased from	Teb. 15, 1966 to Feb. 27, 1966	that A (we) last
saw the deceased alive on Feb. 26, 1966, and that	death occurred at 9:30, from the causes and on the	ne date stated above.
22a. SIGNATURE	H • M • 22b. D/	ATE SIGNED
revec /mith - M.D.	ATTENDING MED. STAFF 2/2	27/1966
22c. PHYSICIAN'S NAME (Type) RENE E. SMITH. M.D.	22d. ADDRESS Cambridge, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		inty) (State)
REMOVAL (Specify) 3/6/1966 Aireys Cer		
24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Gerker XVXXX Cambridge	Md. DATE MAR 8 1956 Ochian	eley Judge

709X0000 a contract - Carrier - Car And the State of t Habile Cooper to Printer 20, - 05 June. 20, . System of the state en all males ' Particulation of the control of the in (129-10-943) however month, to bridge, 14. a semurifian rosefuld 41 2/27/1966 REME E. SKIFE, N.D. Cashridge, No. String Stuffed Attorns of Derement Tourses, and Line and the control of the control

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

15-		
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
_	Dorchester MARYLANO	Maryland Dorchester
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	Cambridge 7 yrs.	Cambridge 09-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADORESS 6. IS RESIDENCE ON A FARM?
	506 Pine Street	506 Pine Street YES NO X
3.	DECEASED	Last 4. DATE Month Oay Year
	(Type or print) Anna Stothoff	Cornish Death Feb. 12 1966
5.	SEX 6. COLOR OR RACE 7. MARRIEO X NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	Female Negro WIDOWEO OIVORCEO	Oct. 27, 1897 68 yrs. Months Deys Hours Min.
102	LUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
H	ing most of working life, even if retired) INDUSTRY OUSEWITE / Lab.	New Haven, Conn. USA
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Stothoff	Darkel Cate Ctathers
15		Rachel Set Stothoff INFORMANT Address
(Ye	es, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
	No 214-34-5306 R	ussell Cornish Cambridge, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	SEXTEX XAXX XAXXAX XXXXXXXXXXXXXXXXXXXXXX
		ACCEPTANCE OF THE PROPERTY OF
	DUE 10	+ Diagona
	gave rise to Immediate	0 0156886
	cause (a), stating the OUE TO	
Z	underlying cause last. (c)	THE WAS AUTOROV
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
FICA	/ Brain damage result of old :	injury YES NO
RTI		RREO. (Enter nature of injury in Part I or Part II of Item 18.)
CE	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
SAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	While - Not while -	y, street, office bldg., etc.)
Σ	p.m. 19 at work at work	Jan 1 10 64 to Feb 12, 10 66 that (1) (wa) last
	21. I certify that (I) (this hospital) attended the deceased from	, 13 1, to 13t
	saw the deceased alive on Neb / 12 1966, and that	death occurred atM, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. OATE SIGNEO
	M.D.	ATTENDING MED. STAFF 2-12-66
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	NAME (1998) J. Edwin Fassett, M.D.	727 Pine Street Cambridge,
238		OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 2/15/66 Wau	gh Cambridge, Md.
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Thebrick C. Splais Cambridge,	Md. DEFR 18 1966 Clearles Judge
[There C. Differ oumpt Tage,	Md. DATE B 18 1966 Kuranles Judge

VR AI5 (4) 20M 1/65 81980 13022415175 4 3 50 Comments with the state of the contract of the Torrivon E management organ slame The state of the s ARU SIGNAL GRAND TO draft V of hreumoil Reckel ees Redenk .ph. combinered detends Illocaus culturelles de sainte dessett, s. D. 127 Pine street minus. . 5 · Bu (SEX PERSON DE SERVE) College Colleg

FOR STATE HEALTH DEPT.

DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

2

TO DEPUTY MED

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	112219
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
a. COUNTY	a. STATE b. COUNTY	
Dorchester MARYLAND		chester
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give neerest town)
Cambridge Life	Cambridge	01-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
Cambridge Maryland Hospital	407 Charles Street	ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month	Day Yeer
DECEASEO	OF .	
Homan Dee	8. DATE OF RIRTH 19. AGE (In years LEUNDER	16 19 66
7. MARKIED X NEVER MARKIED	lest birthday) Months	Days Hours Min.
	lug. 10, 1924 41 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Cl	TIZEN OF WHAT
Laborer		SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<u> </u>
Fred Cornish	Manne Tama	
	Mary Jane	
(Yes, no, or unkown) (If yes give war or dates of service)		
Yes -WW II 220-12-1690 H	Mattie Cornish Cambridge	. Md.
18. CAUSE DF DEATH [Enter only one couse per line for (a), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cerebral hemorr	hage	5 hours.
22/V	220,50	2 22 02 0
Conditions, if eny, which \		
geve rise to immediate (b)		
ceuse (e), steting the DUE TO		2 4 4 MARIE
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAY Hour a.m. p.m. 19 et work et work et work	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, 2Df. (City or town) (Cou	nty) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)	iity) (State)
p.m. 19 et work et work		
21. I certify that i took charge of the remains described above, hel	ld an Autopsy 🛣 , Inspection 🗍 , inquiry 🧻 ,	and in my opinion
	icide . Homicide . Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL CONTRACTOR		22. DATE SIGNED
SIGNATURE STATE ST	_M.D. ASSISTANT MEDICAL EXAMINER X 10/19/6	6
EXAMINER'S	Deroit medione examined 1-	idge, Md.
NAME (Type) John Mace, Jr. M.D.	The state of the s	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		inty) (State)
Burial 2/20/66 Old Fi	eld Dorbhester Co	Md.
24. EUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
tulisick (Hallis Cambridge.		Judge.

VR AISME (5) 5M 1/65

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22000 CERTIFICATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours arrer death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removes about pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any wear, within 72 hours after death. executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09990

/ 04200				UNDANU
1. PLACE OF DEATH a. COUNTY Dorchester		JAL RESIDENCE (W		tion: Residence before admission Dorchester
write RURAL and give nearest town)	in of STAY IN 16 c. CI	Golden H	da corporata limits, write RURA	AL end give naarast town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give s Cambridge, Maryland Hospital	straat addrass) d. Si	None		IS RESIDENCE ON A FARM? YES NO N
3. NAME OF First DECEASED (Typa or print) EDGAR CHARLS		Last 4. D	P .	Day Yeer uary 28, 19 66
S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVE WIDOWED X	er married B. Date Of Dec.	21, 1892	9. AGE (In years IF UN less birthday) 73 yrs.	HOURS HOURS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water We Well Driller	SINESS OR INDUSTRY 11. BIR		o., Maryland	Z. CITIZEN OF WHAT COUNTRY USA
William J. Cusick		ther's maiden name Helen Virgi	nia Vane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyas give war or datas of sarvice) Unknewn			ick, Gelden H	ill, Maryland
1B. CAUSE OF DEATH [Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which DUE TO Cutture	- selual	a CVR	PD	7
gave rise to immediate cause (a), stating the underlying cause last. (c)				
	TO DEATH BUT NOT RELATED	D TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING	W INJURY OCCURRED. (Enter n	nature of injury in Part I	or Pert II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF While Not West at work at work at well at work at well at work.		JURY (Homa, farm, offica bldg., atc.)	f. (City or town)	(County) (Stele)
21. I certify that (I) (this hospital) attended the	1 4			on the date stated above.
22a. SIGNATURE L. TROM	ATT PHY	TENDING MED.	OR PHYS.	3/1/66 SIGNE
22c. PHYSICIAN'S NAME (Type) James U. Thompson 1		ecust St.,	Cambridge Mar	yland 21613
	the of cemetery or cremichester Memoria		Cambridge, Ma	
24 FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service, Cambi	ridge, Marylan	d 25a, REC'D BY	REGISTRAR 256 REGISTR	

VR A15 (4)

20M S-63

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asieme alim n	Norma Lee Confess Golde	Unknown M. au		Yee
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	2. CERD.	ating south		
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	2. 1 × 2 D	the week a		
		alice sale		
		alice sale		

LaConota Summa Carvico. Uncollege, Maryland

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) . COUNTY b. COUNTY Dorchester Marvland Dorchester MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cambridge Cambridge Davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge-Maryland Hospital YES NO TO Academy completely 3. NAME OF Middle Last 4. DATE DECEASED Linda Mae Elzev DEATH Feb. 5, 1966 (Type or print) 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Bud Female Months Devs Hours WIDOWED DIVORCED T physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) U.S. Cambridge Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Betty Mae Wheatley Robert Lee Elzev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 616 Academy Street (Yes, no, or unkown) | (If yes give war or dates of service) Lee Elzey, Cambridge, Md. Robert NONE

CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH shock post-operative IMMEDIATE CAUSE (+) wing appendectoux geve rise to immediate ceuse DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, tarm, (Stete) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from C saw the deceased alive op. DATE 22e. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. death. Page 4

D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. Dorchester Memorial Park Cambridge, Md. 0 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE UNERAL DIRECTOR'S VR A15 (4) Cambridge . Md. 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

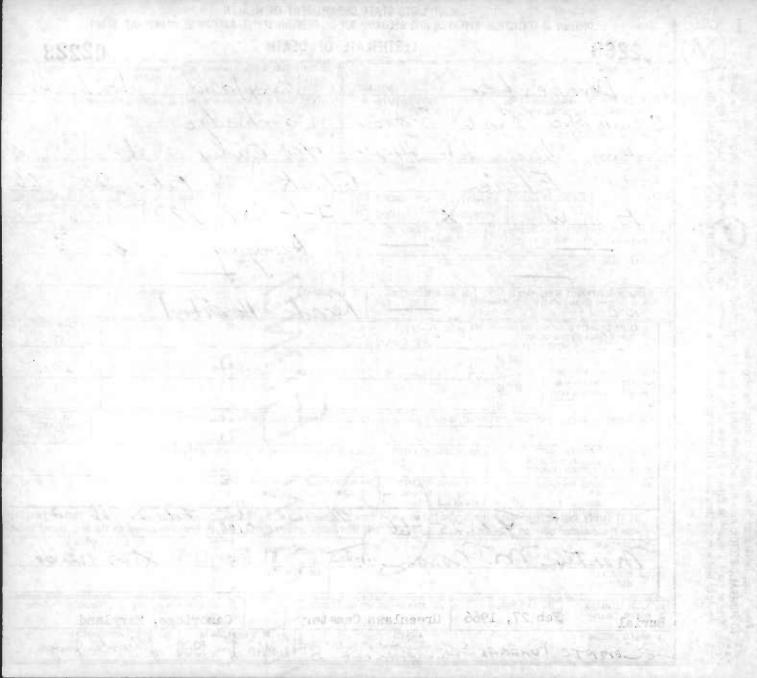
Devence term Indicact Spale at-splittings - 388E. . MAE TOTAL TARRETOR Yoldabile ed wilds - was year est strated *FH, SHIELER, LELE ON LERESCON SERVICE SERVIC THE CONTRACTOR SAX TELESCOPE THE PROPERTY OF THE ENGLISHED BY SEAL SON STATES OF THE STATES Make the bedrest right in income were of order, T. dark Contact of the . 6 L. Carl State of the State MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1)	1	02263		CERTIFICAT	E OF DEATH		02223	
		write RURAL and		er MARYLAND c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If gotsid	b. COUND b.	RAL ond give neorest town)	}
13	3.	NAME OF DECEASED (Type or print)	Shore First	ie (Fluck	DATE Month		RM? NO S
	10o. duri	o. USUAL OCCUPATION ing most of working	(Give kind of work done	7. MARRIED NEVER N	8. DATE OF BIRTH 2 / S S 11. BIRTHPLACE (County & S1 14. MOTHER'S MAIDENT NAM	ary	Months Doys Hours 12. CITIZEN OF WHAT COUNTRY?	Min.
	15. (Ye	es, no, or unknown) 1B. CAUSE OF DE	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO which gove (b)	per line for (a), (b), and (c).) Urenzia Chronic gloni	ecode - He	despital Addre	INTERVAL BETWAND DE CANSET AND DE	VEEN AJH
0	L CERTIFICATION	PART 11. OTHER SIGNAL	GNIFICANT CONDITIONS CON	TREBUTING TO DEATH BUT NOT RELATED TO 205. DESCRIBE HOW INJURY OCCURRED.			19. WAS AUTOI PERFORMEI YES N	PSY D? NO
1	MEDICAL	20c. TIME OF INJU-Hour o.m. p.n. 21. I certificate saw the decrease SIGNATURE 22c. PHYSICIAN'S	RY Month, Doy, Yeor 19 19 19 19 19 19 19 19 19 19 19 19 19	While Not While of work of wor	at death accurred ot		(County) (SI	ve) los above
20.8	В	NAME (Type) D. BURIAL, CREMATIC REMOVAL (Specify) 4. FUNERAL DIRECTO	Peb 27,		emetery 250. (REC'D B)			ote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physiciations completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then ple sent though any pages. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after defi

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

The same of		de				CEDTIFIC	CATE OF	DEATH		0000	
	1.	1		02269		CERTIFIC	CATE OF	DEATH		02224	
oth	ond 2		1 6	LACE OF DEATH			2. USU	AL RESIDENCE (Where	e deceased lived, if institu	utian: Residence before odmission) /	_
de	by the funeral Pages 1 and 2	1		COUNTY	/	44 A D.VII A	0.5	TATE M	b. col		
Te.	s l			DOVON E	ster	MARYLA C LENGTH OF STAY IN		OR TOWN IS Asside	composate limite verite Pl	URAL and give neorest town)	_
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h	in ers. 2 h	19	0	NAME OF HOSPITAL OR INSTITUT	ION) (If nat in hospital, gi	ive street address)	d. STR	EET ADDRESS		e. IS RESIDENCE ON A FARM?	
1 24	filled pape thin 72	12	1	astern ()	hove ST	tate Has	0-			YES NO	0
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ted	nple cc ven		S. S		RACE 7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR	
noa	0 -			W W	WIDOWED	DIVORCED	n 6-	15-04	last birthday)	Months Days Haurs Min	1.
8	remo	2	10a	USUAL OCCUPATION (Give kind of w	vark done 10b. KII	ND OF BUSINESS OR	11. BII	RTHPLACE (County & Sto	K2 /	12. CITIZEN OF WHAT	_
pe				g most of working life, even if retir		DUSTRY		Marri	land.	COUNTRY?	
ate	please please l, and i		12	FATHER'S NAME			114 MC	THER'S MAIDEN NAMI	arrou	9311	_
ij.	physicion ien please oval, and i		10.	TATHER I NAME	. 6	2///		11.	The		
Ge	The		10	l'ach en	210	OCIAL SECURITY NO.	17. INFORMA	VIII	T CM	dress /	_
deoth certificate	ottending phys permit. Then p ion, or removal,			WAS DECEASED EVER IN U.S. ARMED , na, ar unknawn) (If yes give war		OCIAL SECURITY NO.	17. INFORMA	1 [7	10/ 0/11	1/
de	offendi permit. ion, or r	7.5		NO			1 eca	25-1-0	asterm	Offere States	3
that the	by the officeronsit perrocremation,	94		18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED				th's		INTERVAL BETWEEN	9.
nat	by #			IMMEDIA	TE CAUSE (a)	hionic i	myel	1112		3 years	_
S	4 - t- c,	10		25/1	DUE TO		1- 1	11. +41 4	no beere 'n	4	
4: The low requires the or ottending physicion.	signed by the buriol-tronsit buriol, cremat			Conditions, if ony, which gove rise to immediate cause (a),	(b)	KNICH S	pine	(4 TH) E	im rassim	1 years.	
req		- 1		stating the underlying couse (DUE TO , 7	0 0		0	0.1		
low	s been os the			last.	(c) <u>{</u>	ou lun	BIN	en b	Mor		
e lo	icote hos been for use os the Heolth prior to		-	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO HEVERM	INAL DISEASE CONDITI	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?	
The	use use	2	CERTIFICATION							YES NO	
		32.7	IFIC	200. ACCIDENT WAS UNDERLYING D		CRIBE HOW INJURY OCC	URRED. (Enter no	iture of injury in Part	I ar Port II of item 18.)		
Di di	o d Ti		CERT	OR CONTRIBUTING CAUSE OF DE							
PHYSICIAN:	this certificate detoched for ur e Dept. of Heoli		3	20c. TIME OF INJURY Month, Do		JURY OCCURRED	Oe. PLACE OF IN.	JURY (Hame, farm,	20f. (City ar town)	(Caunty) (State)	_
<u>a</u> e	this det		MEDICAL	Hour a.m.	While	Nat While	factary, stree	t, affice bldg., etc.)	53 -5		
N A	offer the be de State	-	-	p.m.	di waik	dad the deserged f	rom Chi.	16 196	15. 10 Feb -1	16 . 1966, that (1) (we) 1	last
Q P	Hd H			21. I certify that (I) (4. 1. ///	19 6 a, or	nd that death	accurred at 3		s and an the date stated aba	
TT	100 H	41		saw the deceased aliv	re un con / le	17,86,01	id illai acyli	r deconion dis	// m, nom cuoso	22b. DATE SIGNED	
OR ATTENDING	DIRECTOR: After ge 3 should be of			Carlos (F 15 au	MO	M.D. PHY	ENDING MEI	D. STAFF PHYS. [
0 9	De	1		22c. PHYSICIAN'S	Ve im		KA 22		11113.		
O HOSPITAL OR ATTENDING PHYSICIAN Pode 4 may be retained by the hospital	ro FUNERAL DIRECTOR: A director, page 3 should should be filed with the	-		NAME (Type) CARI	LOS F. 13,	AR RUSO	MDE	20 H. 2. 2.	pital CA	MBRIDGE Md.	
SPI	tor,	2	22	BURIAL CREMATION. 23b.	DATE THEREOF	23c NAME OF CEMET	EDV OD CDEMATO	npy T	23d. LOCATION (City or 1		=
HO	FC irec	R	23	REMOVAL (Specify) 23b.	.10 11	11	A CREMATO	///	250. Comon (circor	(county) (state)	
20	5 p v	80	01	3 1	-11-66	CADDRESS	Hell	2Sq. REC'D BY	DECISTRAD 25h	REGISTRAR'S SIGNATURE	_
	VR A15 (4)	. 2.	24	FUNERAL DIRECTOR	1	6 JUNESS	. mi	DAFEB	2.1 1966	Charles Judge	
	20 M 1/66			1 4800000	4	Jack	1/1	1 DATE CD	/ Idob //	- Kong	

B\$\$\$0 the dear is to the house of which I have again " Necester Livetion

FOR STATE HEALTH DEP

09970

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

					UNG	(4)
1. PLACE OF DEA	rchester	MARYLAND		NCE (Where daceased lived, yland b. CO	If Institution: Reside	nce before edmission
b. CITY OR TOW write RUBAL Cambrid	N (if outside corporate limits, and give nearest town)	e. LENGTH OF STAY IN 16	e. city or town	(If outside corporate limits, wild in the corporate limits and corporate limits.	rite RURAL and give	nearest town)
d. NAME OF HO	spital or institution (if not in e Maryland Hospi	hospital, give street address)	d. STREET ADDRES	inia Avenue		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Typa or print)	THERESA	A. H	ENRY	0.8	ebruary 2	
5. SEX Female	WINTE		May 8, 1963	9. AGE (In year last birthday 2 yrs.	Months Days	Hours Min.
10a. USUAL OCCUI done during most of None	PATION (Give kind of work working life, even if retired)	b. KIND OF BUSINESS OR INDUSTI None	Cambridge,		12. CITIZEN	A COUNTRY
13. FATHER'S NAM	Emerson T.	Henry	14. MOTHER'S MAIDEN			
	EVER IN U.S. ARMED FORCES? (If yes give war or datas of service)		. Emerson T.	Henry, Cambr	idge. Mar	yhand
Conditions, if gave rise to imm (a), stelling the cause last.	DUE TO any, which (b) mediate cause	ute trcheo-la	d. y 1.455, do 0 do 10			1 day
20a. EXTERNAL	CAUSE WAS CONTRIBUTING 20b. D TH. NJURY Month, Day, Year 2			Part I or Part II of item 18.)	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 1
-	m. 19 at that I took charge of the	work at work remains described above, he	eld an Autopsy X, side , Homicide CHIEF MEDICA	Inspection , Inq	manner [d in my opinion
EXAMINER'S NAME (Type) 22a. BURIAL, CREMA REMOVAL (Spe BUrial	John Mace J	22c. NAME OF CEMETERY O	Address (Streat	, city, town, or county)	cambridg	e, Md. (Siete)
23. FUNERAL DIRECT	TOR Funeral Service	, Cambridge, Mar	yland 24a. R	EC'D BY REGISTRAR 246. R	EGISTRAR'S SIGNA	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death. VR A15ME

Low Logarit Breatfrest available to Charge on T. Contry areed of L Mr. Emergen D. Henry, Carteriese Haryland Two 27, 1965 lorohostur Barorial rark described to the Agenta Funeral occursos, Cambridges, Refrigade

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If Institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY 1, 2, and 3 to the funeral director. Page 5 may be retained for your files. Maryland is necessary, Dorchester Dorchester MARYLAND Department death. b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporeta limits, write RURAL and give necess) town) write RURAL and give neerest town) Hurlock DOA Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Cambridge-Maryand Hospital with the State 72 hours after YES NO 3. NAME OF 4. DATE Middle Day Year DECEASED OF February 66 DEATH (Type or print) Jacobs Emco 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Min. August 23, 1891 Male White WIDOWED T DIVORCED | WPE. EXAMINER: This certificate should be executed within 24 hours after ate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and the Chief Medical Examiner's Office along with form PM3 Pages 5. 10a. USUAL OCCUPATION (Glya kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) Oregon, Illinois TISA Retired Farmer Farming event File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME In any Christian Jacobs Bessie Schrowder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give werer dates of service) and 217-36-0876 Mrs. Elizabeth Gorman, Hurlock, Maryland Yes 18. CAUSE OF DEATH linter only one cause per line for (a). (b), and (c). INTERVAL BETWEEN or removal, burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Instnat IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which cremation, geva rise to immediata cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the undarlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? NO M 20s. EXTERNAL CAUSE WAS 20h. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t or Part II of item 18.) agent, prior to PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, ferm, ! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work - at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion MEDICAL designated Accident Suicide | Homicide | Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE or its DEPUTY DEPUTY MEDICAL EXAMINER Jr. John Mace M.D. TO FL. Health Address (Street, city, town, or county) Cambridge 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) East New Market Cemetery Buria Feb. 13, 1966 East New Market. 248 REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Jour Trampton and Son, Federalsburg, Maryland YR AISME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
02272	CERTIFICATE OF DEATH	0200

0 10 10 10		16.6
1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Reside	ence before admission)
Dorchester MARYLAND	a. STATE Baryland b. COUNTY Dore	hester
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
Cambridge Life	Cambridge	9-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
704 High Street	704 High Street	YES NO SE
3. NAME DF First Middle		Day Year
DECEASED	DF	19 66
	DATE OF BIRTH 19. AGE (In years IFUNDER 1 YE	
	Jan. 12, 1966 last birthday) Months Day	Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS DR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT
during most of working life, even if retired) INDUSTRY	COUN	TRY?
None None None	Dorchester Co., Md. 1	USA
Charles Jackson		
	Pauline Johnson INFDRMANT Address	*
(Yes, no, or unkown) (If yes give war or dates of service)		2/0
No	Pauline Johnson Cambrid	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		NTERVAL BETWEEN DNSET AND DEATH
THINEDIALE GAOSE (a)	Virus Infection	
1630 DUE TO		
Cenditions, If any, which (b)		
gave rise to Immediate (cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTDPSY PERFORMED?
§ Gastroenteritis		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While at work at work	y, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from F	eb 2, , 1966, to February193, 6	that (I) (wa) last
	death occurred at 7 2M, from the causes and on the	date stated above.
22a. SIGNATURE	1 22h DATE	SIGNED
	ATTENDING MED. STAFF 2-3-	-66
22c, PHYSICIAN'S M.D.	22d. ADDRESS	00
NAME (Type) J. Edwin Fasett, M.D.	727 Pine Street Canbo	ridge, Md
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY		
REMOVAL (Specify)	Down house and	
Burial 2/7/66 Airey 24. FUNERAL DIRECTOR ADDRESS	25a_ REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE Md
A Link (Ulle) Cambridge.	Md. REB 8 1966 Cellander	

Cambridge, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

epi ... You High Supers 140. 12, 1266 Burgar a salama's Home Cardiopter Jo., Dd. CUCA a nimer of carrians Pauline Johnson Cambridge, it J. Livin Resett, N.D. . 727 Pin's Street Undilder, Jahren Cambridge, Pd. W. Linker

FOR STATE HEALTH DEPT

DEPUTY MEN EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to are funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY ME!

> VR A15ME (5) 5M 1/65

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12273

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TI TO T: T #0277 27	0/56 70
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Dorchester MARYLAND	a. STATE b. COUNTY Dorchester
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	
Cambridge-Ruzal Life	Cambridge-Rural 09-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress	d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM? YES \(\text{ND} \) ND \(\text{DE} \)
3. NAME DF First Middle DECEASED	Lest 4. DATE Month Day Year
(Type or print) Annie Stanley	Jones DEATH Feb. 2 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS. Months Days Hours Min.
Female Negro WIDOWED DIVORCED	Apr. 20, 1892 74/yrs. Months Days Hours Mill.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer	Maryland USA
13. FATHER'S NAME	14. MÖTHER'S MAIDEN NAME
Richard Stanley	Mary Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give war or dates of service)	. INFORMANT Address
No	Phillip Lee Jones Cambridge, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) COPONSTY OCCL	onset and Death Instant
14701	151011
Conditions If any which \	
gave rise to immediate	
ceuse (e), steting the DUE TO underlying cause last.	
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
D THE STATE OF THE	PERFORMED?
200 EVERNAL CALLER WAS LOOK DESCRIPTION INVIDENCE	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCUPANT OF CAUSE OF DEATH.	CURRED. (Enter nature of injury in Part I or Pert II of Item 18.)
	LACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour a.m. While Not While p.m. 19 at work	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, h	eld an Autopsy . Inspection X. Inquiry . and in my opinion
death resulted from: Natural causes X, Accident , S	uicide, Homlcide, Undetermined manner
actual tolen mos	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINATION
EXAMÍNER'S Tohn Moco To	DEPUTY MEDICAL EXAMINER
NAME (1976) John Mace, Jr.	Address (Street, city, town, or county)
REMOVAL (Specify)	RY DR CREMATORY 23d. LDCATION (City, town or county) (State)
Burial 2/6/66 Fork N	leck Dorchester Co., Md.
(L.1' //) (///).	EED 9: 4000 03/. 4 0
The delick Cambridge	Md. DATE B 8 1966 Scharles Judge

retained construct and the construction of the Istani-indiconno 49 292 74 manifely years you are branched .Dil. to Jones Tones ... Cambring ... Hit. John Bace, Jr. Haradan al Andrew Control of the Company of the Control of the

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION 02274	OF STATISTICA	L RESE			301 W. PRESTO		T, BALTIMO	RE 1, MA	RYLAND 222	9
1.		RCHESTER			YLAND		Mo.	b. COUN	TY Q.A	١.	1
RU	Write RURAL ar	(If outside corporate nd give nearest town) I O GE	limits,	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (I			ite KUKAL an	Id give nea	2
E		TAL OR INSTITUTION ORE STATE H			address)	d. STREET AODRESS				ON.	RESIDENCE A FARM?
3.	NAME DF DECEASED (Type or print)	First HAR	RY	Middle		Last KNIGHT	4. DATE OF DEATH	Month FEB.			Year 9 66
5.	SEX 6	S. COLOR OR RACE 7	. MARRIED WIDOWED			. OATE OF BIRTH 12/5/78	9.	AGE (In years last birthday) 87 yrs.	Months Da	EAR IF UNI	DER 24 HRS
du	A. USUAL OCCUPATION IN MOST OF WORKING	N (Give kind of work do g life, even if retired) RMER	ne 10b. K	IND DF BUSINESS ONDUSTRY	OR .	PA.	County & State,		12. CITI COU	ZEN OF WH NTRY? U.S.	IAT
	FATHER'S NAME ILLIAM KNI	GHT			EX	14. MOTHER'S MAI	DEN NAME MARKLE	Υ			1.d
15 (Y	es, no, or unkown) (1	ER IN U.S. ARMED FORC If yes give war or dates of so	ES? 16. ervice)	SOCIAL SECURITY N		INFORMANT OSPITAL RE	COROS	Addres	S		
	PART I. DEAT	ATH [Enter only one of the control o	P.	ine for (a), (b), and Neumor	4					INTERVAL ONSET AN	BETWEEN D DEATH
	4 93 X Conditions, If an	y, which) DUE TO	9	eneral c	lebi	ei ty				2 ye	ars.
	gave rise to in cause (a), stat underlying cause	ing the DUE TO									
CERTIFICATION	PART II. OTHER SIG	INIFICANT CONDITION	SCONTRIBL	JTING TO DEATH BUT	[NOT RELAT	TED TO THE TERMINAL	OISEASE CON	DITION GIVEN IN	PART 1(a)		AUTDPSY ORMED? ND
	20a. ACCIDENT W. DR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING DEATH CAUSE DF DEATH MEDICAL EXAMINE	20b. I	DESCRIBE HOW INJ	URY OCCUI	RRED. (Enter nature o	of Injury In Pa	rt I or Part II o	f Item 18.)		
MEDICAL	20c. TIME OF IN. Hour a.m. p.m.	JURY Month, Day, Ye	ar 2Dd. While at work	NJURY OCCURRED Not While at work	2De. PLAC factor	E DF INJURY (Home, 1 y, street, office bldg.,	farm, 2Df. (etc.)	City or town)	(Count	у)	(State)
		that (I) (this hospit		ed the deceased		2/9 , :	19.64 to_	2/17 om the causes	, 19.66 and on the		
	22a. SIGNATURE	oln Fi	Ban	ens	M.D.	ATTENDING A	MED. DIRECTOR	STAFF	22b. DAT		
	22c. PHYSICIAN' NAME (Type		- BAR	ROS O, M.D	•	E.S.S.Hos	PITAL,	CAMBRID	GE, Mo		
1.1	BURIAL, CREMATE REMOVAL (Soeci	12/2///	ereof 966	1 1 2 2 2 2		CEMETER	PHIL	CATION (City, to	414. F	ENN	
24	. FUNERAL DIRECT	FONERAL	SERVIC	ADDRESS	SIDC-E		EC'O BY REGIS	STRAR 25b. R	Layla		

VR AI5 (4) 20M 1/65

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

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E. J. L. M. Marie Marie Commission of Commission of Philosophican Miles Commission of Commission of

TO FULLER DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours/sited that TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH		
AL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE '	I, MARYLAND
	CERTIFICATE OF DEATH		02231

	02275	N OF STATISTI	CAL RESE			301 W. PRESTO		BALTIMOR	1, MARY	YLAND 231
1.	PLACE OF DEATH 6. COUNTY Dorches	ster		MAR	YLAND	a. STATE Maryland		b. COUNTY	Doi	rchester
	b. CITY OR TOW Write RURAL Cambri	N (if outside corpora and give nearest to	ate limits, wn)	c. LENGTH OF STA	Y IN 1b	c. city or town (if		ete ilmits, write	RURAL end	give nearest town)
	d. NAME OF HOS	spital or instituti ige Marylar			address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print)		irst Napole	Middle		Last Matthews	4. DATE OF DEATH	Month	Da	y Year 17 19 66
5.	sex male	6. COLOR OR RACE		NEVER MARRI	ED A 8		la		UNDER 1 YEA	Hours Min.
10a dur	INSUAL OCCUPATION OF WORK	TON (Give kind of worlding life, even if retire	kdone 10b.	KIND OF BUSINESS C		Dorcheste	county & State, or		12. CITIZE COUNT	RY?
	. FATHER'S NAM			none		14. MOTHER'S MAII Ardenia I	DEN NAME			
15 (Ye	. WAS DECEASED es, no, or unkown)	Leroy Copes EVER IN U.S. ARMED F (If yes give war or dates	DRCES? 16 of service)	S. SDCIAL SECURITY N	ID. 17.	Ardenia M		Address Cambi	ridge, 14 Ceda	Maryland ar St
	18. CAUSE DF PART I. DI Conditions, If gave rise to	any, which Immediate	Y:	none line for (a), (b), and	(c).	1-to	Alus		1 IN	TERVAL BETWEEN NSET AND DEATH
CERTIFICATION		se last.	(c) IONS CONTRIE			TED TO THE TERMINAL RRED. (Enter nature o				9. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERT	20c. TIME OF	WAS UNDERLYING TING CAUSE OF DE TIFY MEDICAL EXAM	ATH INER)	INJURY OCCURRED	20e, PLA	CE OF INJURY (Home, fry, street, office bldg.,	arm, 20f. (Cit	ty or town)	(County)	(State)
MEDI	Hour a.i	m. 19		rk at work		an. 31 , 1		h 17	19 66	that (I) (we) last
	saw the de	ceased alive on	Jan 1	6 19 66	and that	ATTENDING ST	S: 15M, from MED. DIRECTOR	the causes at	nd Dn the d 22b. DATE	ate stated above.
	22c. PHYSICIA NAME (T	Dr. J.	Edwin	Fassett		22d. ADDRESS 727 Pir	ne St. Ca	ambridge	, Mary	land
23	a. BURIAL CREM REMOVAL (SP Burial FUNERAL DIRI	ecity) 2/18	THEREOF	Waugh ADDRESS		OR CREMATORY tery 25a. Ri			Mary.	land
RE	where	MAXES	any	Cambri	dge,	Md. DAFE	3 2 5 198	66 geli	arles (Judge

18:35 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02276. CERTIFICATE OF DEATH 119999

4/	UNLOC
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmissio
Dorchester MARYLAND	o. STATE Maryland b. COUNTY Dorchester
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
cambridge Life	Cambridge 29-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS
Cambridge Maryland Hspital	5 Travers Court
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Typa or print) FLORENTINE HORTENSE ME	EREDITH DEATH February 22 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	Oct. 12, 1887 lest birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
School Teacher Fublic School	Derchester Co., Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
McKenney White Meredith	Rowena Gertrude Vickers
I (Van an an indiana) t (Itima time and day of the t	INFORMANT Address
No "Irvesgivewaror detes of service" Unknown Mi	r. Thomas V. Meredith, Cambridge, Maryland
1B. CAUSE OF DEATH [Enter only ona cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	remonlage Says
3 3 1 V	10111149C 24473
DUE TO	
Conditions, it any, which geve rise to immediate cause	
(e), stating the undarlying DUE TO	
cause lest. (c)	n and a second a second and a second a second and a second a second and a second and a second a second a second a second a second and a
PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
1 Hdenocarcinousd 0x	SKUMOID PERFORMED?
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury in Pert I or Part II of Item 1B.)
PART, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO LONG OF CONTRIBUTING TO DEATH BUT NO LONG OF CONTRIBUTING TO COUR OF CONTRIBUTING TO COUR OF DEATH OF COURSE OF COURSE OF DEATH OF COURSE OF CO	
	LACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Hour a.m. WhileNot While	ectory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 195 22 1966, and the	at death occurred of
220. SIGNATURE	22b. DATE
Xewish Ludille	M.D. PHYS. DIRECTOR PHYS. 23766 66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type Civis Po Burde // 2	- 601Locust St. Combridge M
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
23. BURIAL, CREMATION, 23b. DATE THEREOF PRODUCTION PENOYAL (Specify) Feb 25, 1966 Derchester M	Memorial Park Cambridge, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
LeCompte Funeral Service, Cambrid ge, M	laryland MAR 1 1966 McContes Judge

VR A15 (4) 20M 5-63

TO HOSPITAL death. Page 4 TO FUNERAL

nd completely filled in by the funeral rbon papers. Pages 1 and 2 should within 72 hours after death.

carbon

death. Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, wi

executed within 24 hours after

certificate be

The law requires that the death

OR ATTENDING PHYSICIAN:

10.5 - 10.6

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Motenmey Midte Maredith Regnus (Artrude Victors

Unknown Mr. Thomas P. Margalth, Cambridge, Maryland

Darcinster

surful | Feb 25, 1965 Darchedher Memorial Park Comortidge, Marylands

Locompte Funeral Service, Cambrid go, Mirviend

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND D2277 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution; Res	sidence before admission)
a. COUNTY Do was how to	a. STATE b. COUNTY	0
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
write RURAL and give mearest town)	Gard Now Market	00 /
TIUTION MONTHS	East New Market	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
Delle Haven Nursing Home	Main	YES NO
3. NAME DF DECEASED (Type or print)	Last 4. DATE Month OF DEATH 2	Day Year 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		
remale white widowed DIVORCED 1	12/4/83 8 ast birthday) Months I	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. 617	MIZEN OF WHAT
during most of working life, even if retired INDUSTRY	My Juland	UNTRYD
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Cookman Therridge	Emma Shart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (1) Yes pive war or dates of service)	a Fulton Fire Dal	· J. M.
	3.14/10/1 h vans cample	INTERVAL BETWEEN
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumoni	8	4 days
4500 DUE TO	Failure	
conditions, if any, which) (b) Infection . And Ch.	ronic Cangestive Heart	2 yrs
gave rise to immediate (cause (a), stating the DUE TO		
underlying cause last. (c) Ganeralized art	erioslogrosis	20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
and hemiplegia moerate		YES NO D
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Demiplesia moerate 201 Action Was Underlying 20b. Describe How INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE factor with the p.m. 19 at work at work	ry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	19 to 2/5/196	, that (I) (we) last
	death occurred at M, from the causes and on the	
228. SIGNATURE		ATE, SIGNED
M.D. M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.	2/7/66
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) (Marold B.Pummer	Preston Maryland	
The state of the s	OR CREMATORY / 23d. LOCATION (City, town or opu	nty)/ (State)/
BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF COMETERY	Market East New Ma	rhel, Mod
24. FUNERAL/DIRECTOR VI - ADORESS	A 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S	S SIGNATURE
XIII & Inlogfly Coast New Mar	Let DATE B 10 1966 Jelianle	a Credad
	I DATE	The state of the s

THEOLIS STATE IN COMMENTE MELLE Harman Mursung Herrie 1950 Lille The may be made the Free white x midden of the stand Geokman Berridya Emma Short AVD THE FATTER FROM Combridge We THE TELL THE LEAD NOW THAT LEAD IN THE MENTINE The The model that the the the MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12234 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissign) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Dorchester Maryland Somerset b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparote limits, write RURAL and give nearest town) Cambridge (rural) Princess Anne. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO Eastern Shore Sta te Hospital 3. NAME OF 4. DATE Middle Last Month Doy Year DECEASED Lillian Miles February (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours 01-28-81 WIDOWED * DIVORCED Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign cauntry) 12. CITIZEN OF WHAT during most of warking life, even if retired)

T eacher COUNTRY? INDUSTRY Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nannie Lola Ward Benjamin Franklin Haynes IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dotes af service) Records of the Eastern Shore State Hospital 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUF TO** stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Brain NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (1) (this haspital) attended the deceased fram 05-19-. 1965 . to 02-02-19_66 that (I) (we) last saw the deceased alive arO2-O2-19.66, and that death accurred at 6.20PM, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE 2-2-66 M.D. DIRECTOR PHYS. 22d. ADDRESS S. H 22c PHYSICIAN'S NAME (Type) FELIP 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) 2Sa. REC'D BY REGISTRAR 4. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 1966

and the funeral requires that the death certificate be executed within 24 haurs after aft filled in by th papers. Pagi hin 72 hours o filled event, within carban campletely remave ease and Ó cremation, signed by the burial-transit p burial, cremati as the be retained by the haspital ar attending has been far use Health p TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far un ATTENDING PHYSICIAN: director, page shauld be filed Page 4 may b

VR A15 (4) 20 M 1/66 PEZZU TOTAL METAL WATER The second of th AND THE RESERVE OF THE PERSON OF THE PERSON

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ULL	13 IV	EDIGAL	EXAMINER	2 CEKIILI	CALE OF	DEALL	t t	14400
1. PLACE DF D a. COUNTY					esidence (Where	deceased lived, If Inst	TY	ce before admission
Dorch			MARYLA				roline	
write RU	TOWN (if outside corpora IRAL and give nearest to	ate limits,	C. LENGTH OF STAY II	o. CITY OR I	OWN (If outside o	corporete limits, wri	ite RURAL and a	give nearest town
Cambr					nton		0	5-2
d. NAME OF	HOSPITAL OR INSTITUTI	ON (if not in he	ospital, give street add	ress) d. STREET A	DDRESS			e. IS RESIDENCE DN A FARM?
Easte	rn Shore Sta	te Hosp	ital	519	9 Frankli	n Street		YES NO C
3. NAME OF	F	irst	Middle	Last	4. DAT	E Month	n Da	ay Year
DECEASED (Type or pri	int) M.	ary		Modesit	t DEA	TH Februa	ary 9	1966
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BI	IRTH	9. AGE (In years last birthday)	IF UNDER 1 YEA	R IFUNDER 24 HR
Femal		WIDOWED		08-27-	76	89 yrs.	Months Days	Hours Min.
10a. USUAL OCCU	JPATION (Give kind of worl	done Db. K	IND OF BUSINESS OR		PLACE (State or fo		12. CITIZEI	N OF WHAT
House	working life, even if ratir	ed) II	NDUSTRY	Mars	yland		U.S.	
13. FATHER'S				14. MOTHER	R'S MAIDEN NAME		0.0	73.0
Th oma	s Moore			Emm:	a Audrew			
15. WAS DECEA	SED EVER IN U.S. ARMED F		SOCIAL SECURITY NO.	17. INFORMANT	a rided CW	Addres	is	
(Yes, no, or unko	wn) (If yes give war or dates	of service)		17 1 - 1 - 1	December	Cambi	addma N	here franch
1 10 041101	DE DESTIL FESSOR ON IV. O.		las for (a) (b) and (a)	Hospital	Records	Camor		laryland
	DF DEATH [Enter only on the course of the co	Y: Co	NGESTIVE HEA		E		00	NSET AND DEATH
1/3	.11	TO						
	If any, which	(b)						
	to immediate (E TO						
	cause last.	(c)						
S PARTILION	HER SIGNIFICANT CONDIT	IONS CONTRIBL	JTING TO DEATH BUT NO	TRELATED TO THE TER	RMINAL DISEASE C	ONDITION GIVEN IN	PART 1(8) 19	9. WAS AUTOPSY PERFORMED?
TATI	CHRONIC B	RAIN SY	NDROME. ART	FRIOSCLERO	SIS			YES NO
2Da. EXTE	-		DESCRIBE HOW INJURY			Pert I or Part II o	f Item 18.)	
PART II. OTI DE CELLIE 2Da. EXTE PRIMARY CAUSE OF 2Dc. TIME Hour	RNAL CAUSE WAS 3 or Contributing Death.							
ZDc. TIME	OF INJURY Month, Day,			e. PLACE OF INJURY ((Home, farm, 2Df	. (City or town)	(County)	(State)
AED AED	a.m. p.m. 19	While at worl	Not While at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	ertify that I took charg	ge of the rem	ains described abov	e, held an Autopsy	, Inspec	tion X Inqu	iry , a	nd in my opinio
		l causes X		Suicide .	Homicide .	Undetermined	manner	
			0	CHIEF	MEDICAL EXAMIN	ER		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours attendeath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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certificate be executed within 24 hours after funel death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then prese femove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death TO HOSPITAL OR ATTENDING PHYSICIAN:

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 112037 CEPTIFICATE OF DEATH

UNACUL					06401
PLACE OF DEATH			CT 1 77	1 COUR	institution: Residence before admission
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b. CITY OR TOWN (if outside write RURAL end give nea	corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	RURAL end give neerest town)
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Ge	orge Ward Se	ewall	14. MOTHER'S MAIDEN Mary Fr		
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PART II. OTHER SIGNIFI 20e. ACCIDENT WAS UNDI OR CONTRIBUTING CAU'S IIF EITHER, NOTIFY MEDICA	CANT CONDITIONS CO	ENTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	ESCRIBE HOW INJURY OCCURRED). (Enter nature of injury	in Part I or Pert II of item 18.)	
20c. TIME OF INJURY N Hour a.m. p.m.	Nonth, Day, Year 2Dd Whi 19 at we	leNot Whila facto	CE OF INJURY (Home, far ory, street, office bldg., et		(County) (Stete)
21. I certify that (I) saw the deceased aliv		nded the deceased from		1906 to The Lauses a	and on the date stated above.
22e. SIGNATURE	uh T	Dengan M.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) Jan	mes U. Thom	oson, MD	Locust St	., Cambridge,	Maryland
3a. BURIAL, CREMATION, 23 REMOVAL (Specify)	b. DATE THEREOF	23c. NAME OF CEMETERY C		East New Mar	
Burial	ov 24, 1966	Daso New Haire	o cemerer?	Edgo New Hal	keu, mary tand

VR A15 (4) 2DM 5-63

19220				
Derchostor	And Ly . M. 191 and		**************************************	
	Canoridge	brank (g	356 N	rulend)
	South Acres	fee fa	well bondered wal	Charles !
THIS WHEN 22.		a atawa	10701	
	7, 1,002		0.0000	almai
	Oblengo, Illifonia	Houn	o Lin	
	: 124	If details	ner mysel	
Beslehal . att 1-6	rs. Derethy P. Trok. Carl	georgiati		Mari
	eleadura (suspect			
		Cart B		
		Cart M		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2282 and 2 death. funeral and 2 death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY after Dorchester the MARYLAND I in by the S. Pages hours after CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural- Fork Neck Rural- Fork Neck remove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled within etely 3. NAME OF First Middle Last 4. DATE Month DECEASED comple Pinder DEATH Feb. (Type or print) Maria Elizabeth AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR DR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH Female WIDDWED T DIVORCED Female | Negro | WII 8 = 10b. KIND DF BUSINESS OR (County & State, or foreign country) attending physician rmit. Then please during most of working life, even if retired) INDUSTRY and Housewife Dorchester Co... 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Harriett Stanley Henry transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFDRMANT Address (Yes. no. or unkown) | (If yes give war or dates of service) Pinder No Herman Fork Neck. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] been signed stansit sthe burial, creming PART I. DEATH WAS CAUSED BY: or attending physician. Cerebral Vascular Accident IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which Generalized Arteriosclerosis gave rise to immediate DUE TD cause (a), stating the prior underlying cause last. (c) has as a CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r this certificate I detached for use te Dept. of Health 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Not While factory, street, office bldg., etc. Hour a.m. After Id be d retained by at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from February the DIRECTOR: Jage 3 should lied with the saw the deceased alive on Eco 1966 and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATUR STAFF PHYS. page ATTENDING DIRECTOR M.D. TO FUNERAL ADDRESS PHYSICIA 22c. director, p Edwin Fassett, M.D. Pine Street Cambridge. 23d. LDCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATDRY Burial (Specify) Fork Neck Dorchester Co N. GISTRAR | 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR REC'D BY REGISTRAR I

Cambridge,

Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A.15 (4)

(County)

22b. DATE SIGNED

Dorchester

Day

12. CITIZEN OF WHAT

COUNTRY?

TISA

e. IS RESIDENCE

YES

ON A FARM? NO X

1966

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

(State)

(State)

PERFORMED? ND E8833 L ting so layed. Ted tellough AUTO - ITEM . I really finders and the state of the stat The thought to a will be the comment of the comment Merenn Today Port Meak, Md. The State of the S 1. Little Passett, N.D. 7 277 Pin derich Unchridge, 20. Arried 2/21/106 Pork Reck Developer Co. 191

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
12283	CERTIFICATE OF DEATH	02239

		0 = 1 (1 1 1 0) (1 1	a or partiti		UNCON
1.	PLACE OF OEATH a. COUNTY		2. USUAL RESIDENCE (Where	deceased lived, If Institution:	Residence before admission)
	Dorchester	MARYLAND	Marvia		comico
	b. CITY OR TOWN (if outside corporate limits,	. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ourside	corporate limits, write RURA	L and give nearest town)
	write RURAL and give nearest town)	2 days	Pittsville		22-2
	d. NAME OF HOSPITAL OR/INSTITUTION (if not in hosp	oltal, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Eastern Shore State	E Hospital	- 4-0		YES NO
3.	NAME OF FIRST OECEASEO	Middle	D Last 4. DA		Day Year
	(Type or print) LOUISE		MAGIT	ATH L	10 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 7	B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
	FEMILE WIDOWED F	DIVORCED	4-3-1879	ast birthday) Months	Days Hours Min.
108	. USUAL OCCUPATION (Give kind of work done 10b. KINI	D OF BUSINESS OR	11. BIRTHPLACE (County & S		CITIZEN OF WHAT
dur		USTRY	1		COUNTRY?
	unk		VITGINI		ИЗН.
13.	FATHER'S NAME		14. MOTHER'S MATDEN NAM		
	UNKNOWN		UNKNOW	N	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17.	INFORMANT	Address	101.1
(1)	li a k	-	Medical Keco	rds \$551	4 Cambrida
	18. CAUSE OF OEATH [Enter only one cause per line	for (a) (b) and (c) 3	141/44 01-00	700 0 0,	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		- 11		ONSET, AND DEATH
	IMMEDIATE CAUSE (a)	monary	embolism		5 hours
	4500 DUE TO				14
	Conditions, if any, which) (b) art	ervosclero	Sis		15 years.
	gave rise to immediate				-
	cause (a), stating the DUE TO				
z	underlying cause last.) (c)				140 WAS AUTOROV
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE O	ONDITION GIVEN IN PART 1(8	1) 19. WAS AUTOPSY PERFORMED?
CA					YES NO
CERTIFICATION	20a, ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury I	Part I or Part II of Item 1	(8.)
ER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
					11
ICA	Have a m	factor	CE OF INJURY (Home, farm, 20 ry, street, office bldg., etc.)	f. (City or town) (C	ounty) (State)
MEDICAL	p.m. 19 While at work	Not While at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	21. I certify that M (this hospital) attended		bruary 7, 1966	to February 10 196	that 41 (we) last
	saw the deceased alive on February /	0 1966, and that	death occurred at 7 A.M.	from the causes and on	the date stated above.
	22a. SIGNATURE				DATE SIGNED,
	Cade F Barry	70	ATTENDING MED.	STAFF	2110/66
	22c. PHYSICIAN'S	M.D	PHYS. DIRECTO	PHYS.	
	NAME (Type) PLOS E BARRA		ESS. Hospital	Chivinging	= MJ
-	CARLUS II UARRO	50		CAMBRIDG	
238	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR-OREMATORY 23d.	LOCATION (City, town or o	county) (State)
1	3URIAL 2-13-66	Xt STE	PHENSI	ELIMAR	- DEL
24	. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY R	EGISTRAR 250. REGISTRA	R'S SIGNATURE
	P// 1 2.001	1		001 1	0

Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phese remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then phese remove, within 72 hours after death, should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

- spk vama-The state of the s FREEZEWAY X NAKHONANU. Calculation of the Contract of BURGE 12-13 FE STEPHENS DELIVER - DEL TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12284

	A SAN HER DESCRIPTION OF THE PROPERTY OF THE P	
l.	PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	Dorchester MARYLAND	a. STATE Maryland b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RUNAL and give mearest Lown)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
		ON A FARM?
7	Cambridge Maryland Hospital	R.F.D. #1 YES NO Last 14. OATE Month Day Year
	OECEASED	OF
	(Type or print) Agnes SEX 6, COLOR OR RACE 7, MARRIED 8 NEWER MARRIED 1 8	Skinner DEATH Feb 4 19 66 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	7. WARRIED DO WEVER WARRIED	last birthday) Months Days Hours Min.
13 C	emale Negro WIDOWED DIVORCED J	June 1. 1923 42 yrs.
Oa.	USUAL OCCUPATION (Give kind of work done Industry Industry Industry	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Lborer	
13.	FATHER'S NAME	Dorchester, Md. USA
	Howard Elliot	Viola Jenkins
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	es, no, or unkown) (If yes give war or dates of service)	
-	No	Viola Jenkins Cambridge, md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Cor onary Hear	
	4201 DUE TO	
	Conditions, If any, which (b)	
	gave rise to Immediate	
	cause (a), stating the DUE TO underlying cause last.	(1915년 1915년 H. 1917년 H. 1914년 유명 (1917년 1917년)
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAL	Large Thoracic and Abdominal Ac	PERFORMED?
E I	20a ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCUR	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
CA	factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
E	Hour a.m. While Not While p.m. 19 at work at work	y, streat, University, etc./
2		n 29, , 19 66, to Februar, y194, 6thet (1) (we) last
	saw the deceased dive op February 19 6 and that	death occurred atM, from the causes and on the date stated above.
	saw the deceased and of that	22h DATE SIGNED
	14/111	ATTENDING - MED STAFF -
	22c. PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. 2-4-66
	NAME (Type) J. Edwin Fassett, Md.	727 Pine Street Cambridge, M
23a.	BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	REMOVAL (Specify)	
24.	Burial 2/10/1966 Airey	VS Dorchester Commande
200		
	Thehuck O. Killing Cambridge,	Md. I DATE B 8 1969

VR AI5 (4) 20M 1/65

tieSSU Longing ice here were a support that I was a support to Confirming the Section Late 10 10.2.0 Interest that the set of the X 200154 stint cardina in the last the surface of the same and the same of th Literate to the contraction of t anticul stoly of tolli bimol -. Ar Jankers Control of all J. Laurin Pessent, 14. (27 Fire Sament Carly Line, La August 2/10/17-56 August Description of the . H . TORELEGED COMBELLEY, H.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

No.	02285	CERTIFICAT	E OF DEATH	1	02242
11	PLACE OF DEATH a. COUNTY PORCHESTER	MARYLAND	a STATE	CE (Where deceased lived, If inst b. COUN'	itution: Residence before admission)
9	b. CITY OR TOWN (If outside corporate limits, write/RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	-	f outside corporate limits, wri	te RURAL end give nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address) SING Heme	d. STREET AOORESS	164	e. IS RESIDENCE ON A FARM? YES NO Z
3.	NAME OF BECEASED (Type or print) ALPKED	Middle HAM21N	SPIES	4. OATE Month OF PER	
5.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years I last birthday)	FUNDER 1 YEAR IFUNDER 24 HRS. Months Oays Hours Min.
10a dui	a. USUAL OCCUPATION (Give kind of work done 10b. King most of working life, even if retired)		11. BIRTHPLACE (C	County & State, or foreign country)	12. CITIZEN OF WHAT
13	FATHER'S NAME	MERTICENTI	14. MOTHER'S MAI		
	was Deceased Ever in U.S. ARMED FORCES? 16. (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT HENRY A,	Addres	STEN, Mo, P.D.
	PART I. DEATH [Enter only one cause per learning of the cause of the c	line for (a), (b), and (c).] tastase carcin -anoma of	oma of l	my	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB			DISEASE CONDITION GIVEN IN F	YES NO NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	Not While facto	CE OF INJURY (Home, fory, street, office bldg.,	etc.) 20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital) attends			19 66 , to 2-13 105 pM, from the causes :	and on the date stated above.
	22a. SIGNATURE Chilos & Barr	30 M.C	ATTENOING PHYS.	MEO. STAFF OIRECTOR PHYS.	Jebruny 16-1966
	22c. PHYSICIAN'S NAME (Type) CARLOS F. BA	RRMSS	E.SS.1+us	pital Cambo	idge Md.
	BURIAL (SPECIFY) 23b. DATE THEREOF	23c NAME OF CEMETERY	HILL.	23d. LOCATION (City, to	N MAD
24	PONERAL DIRECTOR	Lacolny 1	Nd 252 R	3 2 3 1966 256 A	CISTRAD'S SIGNATURE

and completely filled in by the funeral completely filled in by the factor and 2 and 2 and event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept. of Health prior to burial, cremation, or removal, and

VR AI5 (4) 20M 1/65

HELEKEL HAME DU SINGE Company of the Company Name of the Paris and the second second

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is Cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 2 with the State Department within 72 hours after death. File pages 1 and 2 and in any event permit. I used as a burial-transit to burial, cremation, or TO FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 02286 PLACE OF BEATH

E	RITTICALE	UF	DEA	AIH		629	3	
2.	USUAL RESIDENCE	(Where	deceased	lived,	If Institution:	Residence	before admis	sion)
	e. STATE			b.	COUNTY			

1		a. COUNTY	e. STATE b. COUNTY	
	-	Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1		end give nearest town)
		write RURAL and give nearest town)	(0 0	and give nearest term,
d	C	ambridge (rural) // months	Hurlock Chapterte	a. IS RESIDENCE
		d. NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give straet eddras	d. STREET ADDRESS	ON A FARM?
3		Eastern Shore State Hospital		YES NO X
		NAME DF First Middle DECEASED	Lest 4. DATE Month	Dey Yeer
		(Type or print) Minnie M. Lewis		3 19 66
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Spivey DEAT February 1 8. DATE OF BIRTH 9. AGE (In years FUNDER lest birthday) Months	
	977	WIDOWED DIVORCED	11-20-83 82 yrs. Months	Days Hours Min.
	103	USUAL OCCUPATION (GIVE kind of work done) 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. C	TIZEN OF WHAT
		ing most of working life, avan if retired) INDUSTRY		DUNTRY?
	13.	Honsewife FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
			Florence Parrott	
		illiam Lewis . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	17. INFDRMANT Address	
	(Ye	s. no. or unkown) (If yes give war or dates of service)		mta Wasnitel
	_		Records of the Eastern Shore St	I INTERVAL BETWEEN
		18. GAUSE DF DEATH [Enter only one couse par lina for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
		Terminal pneumo	<u>onia</u>	2 days
		DUE TO		
v		conditions, if eny, which gave rise to immediate (b) Fracture neck f	iemur	3 days
		cause (a), stating the DUE TO		
7		underlying causa last. (c)		
	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1	CAT			YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING FOR FOIL going to	CCURRED. (Enter nature of injury in Part I or Part II of Itam 18.)
	CER	PRIMARY or CONTRIBUTING TE Fell going to	rorrer	
	CAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2Da. F		inty) (Stata)
9	MEDICAL	40 Herr a.m. 2/10/66 While Not While at work to the state of the state	ectory, street, office bldg., stc.) Hospital Cambridge Do	r. Md
7	2	21. I certify that I took charge of the remains described above,		and in my opinion
			Suicide . Homicide . Undetermined manner	
		death resolved John: Matoral causes, Accident,	CHIEF MEDICAL EXAMINER	
		ACTUAL Y - 211	ACCUPANT MEDICAL EVANUED TO	22. DATE SIGNED
		SIGNATURE TO CO.	DEPUTY MEDICAL EXAMINER	SOURCE
2		EXAMPLE (Type) John Mace Jr.	Address (Straat, city, town, or county)	/14/66
	23e		ERY OR CREMATORY 23d. LOCATION (City, town or co	unty) (Stata)
	1	REMOVAL (Spacify)	Test Com I I les Ballons	Mot
3	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURA
1		x 2/10 - + 100	My FFB 18 1966 Poliante	I Judge
	1	Marriag Williamy Sacres	strung VIO DATE D 10 1950 1	10

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Security of the Santana Short State Hospital

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02403	CERTIFICATI	E OF DEAT	п		いったエス		
PLACE OF DEATH COUNTY			NCE (Where deceased lived		idence before admission		
Dorchester	MARYLAND	a. STATE	miland	COUNTY	poline V		
b. CITY OR TOWN (if outside corporate limits,	C. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate ilm	ilts, write RURAL a	nd give nearest town		
write RURAL and give nearest town) Hurlock	6 months		reston		05-2		
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS			e. IS RESIDENCE		
Belle Haven Nursing	Home	Maple	Ave.		ON A FARM?		
3. NAME OF First DECEASED (Type or print) Manu Shaw S.	Middle	Last	4. DATE OF DEATH	Month 2/2	10 166		
5. SEX 6. COLOR OR MACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		YEAR IF UNDER 24 HRS		
Female white WIDOWE	D DIVORCED	5/3/1871	94	vrs. Months D	Days Hours Min.		
10a. USUAL OCCUPATION (Cive kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign	country) 12. CIT	IZEN OF WHAT		
13. FATHER'S NAME		1 14. MOTHER'S MA					
		unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address	- Md		
(Yes, no, or unkown) (If yes give war or dates of service)			M. 11:		One stant		
		s. Maruam	Milligan, N	apre nve			
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	dwo Ween	+ Foi Tura	with	INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: Cironic Cingestive Heart Failure with							
4200 DUE TO		7 - 11 - 11			3 vra		
Conditions is any which i	icular Fihril	II-ant-7	78.				
gave rise to immediate DUE TO	terioscleroti	.c Heart	1682		IOVE		
	cause (a), stating the						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITIONG	VEN IN PART 1(a)	19. WAS AUTOPSY		
Secondary Ane	mia				PERFORMED?		
	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature	of Inlury In Part I or Pa	art II of Item 18.)			
OR CONTRIBUTING CAUSE OF DEATH		(2010)					
	INTERN COCHERED 1200 DIS	OF OF INITIDY/Home	farm. 20f. (City or to	own) (Coun	ty) (State)		
20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. Whill p.m. 19 at wo	facto	CE OF INJURY (Home, ry, street, office bldg.,		JWII) (COUII	ty) (State)		
p.m. 19 at wo	ork at work	1-10-					
21. I certify that (I) (this hospital) atten	ueu tile ueceaseu from		19, to/-,	, 19_6	that (I) (we) las		
saw the deceased alive on 2/6/76		death occurred at	Marigom the c	auses and on the	date stated above		
22a. SICNATURE				22b. DA	TE SICNED		
Jan Mit	mun M.D	ATTENDING PHYS.	MED. STAFI				
22c. PHYSICIAN'S		22d. ADDRESS					
NAME (Type) Harld B.F	Tummer M.D	Pre	ston Mary]	Land			
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cour	nty) (State)		
Burial 2/14/1966	Harleigh (e	emetery	(ander	2, No Jo			
24. FUNERAL DIRECTOR	ADDRESS	0	EC'D BY REGISTRAR 2	5b. RECISTRAR'S	SIGNATURE		
Marie Enemand	for Tastor	my DATE B	1 1 1 1000	Milarles	Judge		
Milan and D. I Louis and I	ALL MONTON IN	DATE	1 4 1000	11	1 1		

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

K SHOWARD ani buinno 10' 1 5 . wiston i isolaci le le ven l'ussim lens 3/ - 17/2 is or ending 1701/200 rate with nidia dras work I Decide nous in Walter 377 mas, washing with the water ve. Mestors mitted about the many old agent the bit of A TREE PLANS BEFORE . . . (520 683) unich 2/11/1966 Harbeich Convicus

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VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00000

112200	MEDIOF	IL LAAMINEN S	OLKIII IOAI	L OI DEATH	リルクエリ				
1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where deceased lived, If it	nstitution: Residence before admission				
a. COUNTY	rchester		a. STATE	b. COU	77				
		MARYLAND 1 c. LENGTH OF STAY IN 1b		ryland	Dor chester write RURAL and give nearest tow				
write RURAL and	if outside corporate limits, d give nearest town)				THE ROWAL BING BIFF HERIEST TO				
Cambriag	е	Life	Cambr	idge	01-1				
		n hospital, give street eddress)			e. IS RESIDEN				
425 Cam	per St.		425 Ca	mber St.	YES NO E				
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Mon					
(Typa or print)	Helen	Elizabeth			21, 1966				
	COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 1 YEAR IF UNDER 24 H				
F'emale .	Negro widowi	ED DIVORCED	Sept. 1. 1	901 64 yrs.	Mondis Days Rours In				
10e. USUAL OCCUPATION during most of working	(Give kind of work done 10b	KIND OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Laborer	C	ook. Commerc	iaa Marv	land	USA				
13. FATHER'S NAME			14. MOTHER'S MATE						
Toke	Bargen		Pogott	a Greene					
15. WAS DECEASED EVE		16. SOCIAL SECURITY NO. 17.		Addr	953				
(Yes, no, or unkown) (If	yes give war or dates of service)								
No		J.	ames Wheat	ley Cambri	dge, Md.				
	TH [Enter only one cause pe				INTERVAL BETWEE				
PART I. DEATH	H WAS CAUSED BY: COMMEDIATE CAUSE (6)	ronary occlu	sion		Instna				
4201	1/2 - 1								
	Conditions if any which i								
gave rise to im	gave rise to immediata								
cause (e), statis									
		IBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPS PERFORMED YES NO 1				
PART II. OTHER SIGN 20a. EXTERNAL C. PRIMARY OF COUNTY CAUSE OF DEATH. 20c. TIME OF INJU Hour a.m. p.m.	AUSE WAS 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f injury In Part I or Part II	hand t				
ZOC. TIME OF INJ		I. INJURY OCCURRED 20e. PL	ACE DF INJURY (Home, f	arm. 20f. (City or town)	(County) (State)				
Hour a.m.	Wh	fact	ory, street, office bldg., e						
p.m.		ork et work							
21. I certify th	nat I took charge of the r	emains described above, he	eld an Autopsy 🔲,	Inspection X, Inq	quiry, and in my opini				
death resulted	death resulted from: Natural causes 🔀. Accident 🗍, Suicide 🗍, Homlcide 🧻, Undetermined manner								
		0	CHIEF MEDICA	L EXAMINER					
ACTUAL	the Mr	rest	M.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNE				
SIGNATURE	7			AL EXAMINER 2	/22/66				
EXAMINER'S	ohn Moss In	M D		t, city, town, or county)	Cambridge, Md.				
23a, BURIAL, CREMATI	onn Mace Jr.	23c. NAME OF CEMETER		23d. LOCATION (City,					
REMOVAL (Specifi	v)								
Burial	" 2/25/66	Waugh Ceme	tery		Dor m Md.				
24. FUNERAL DIRECTO	1///// 10	ambridge, Md.	2°FE	2 5 1966 A	REGISTRAR'S SIGNATURE				
Thelieu	bl I duais	ambe rago, mas	DATE	40000	The state of the s				

the state of the s a manting to a settle most stabilization and stabilization paned decrease as a second Figure 1. Constitution of the constitution of Company of the control of the contro . I william ou was her bedeath AND THE PROPERTY OF THE PARTY O . . . A PER TANGE

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending chysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0228		CERTIFICATE	OF DEATH		02246		
		orchester	MARYLAND		yland b. COUNTY	ution: Rasidence before admission) Derchester		
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Cambridge c. LENGTH OF STAY IN 1b week				c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Crecheren				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Glasgew Nursing Home				d. street address None o. Is residence on a farm? yes no \				
3.	NAME OF DECEASED (Typa or print)	BLANCHE	ROBINSON	TODD	4. DATE Month OF DEATH Febr	uary 23 19 66		
	SEX Cemale	6. COLOR OR RACE 7. W	MARRIED NEVER MARRIED 8	Oct. 18, 188	9. AGE (In years IF U last birthday) Mo	NDER I YEAR IF UNDER 24 HRS. nths Days Hours Min.		
		ATION (Give kind of work working life, aven if retirad)	10b. KIND OF BUSINESS OR INDUSTR		nty & State, or foreign country)	USA USA		
13. FATHER'S NAME William Rebiasen				14. MOTHER'S MAIDEN	ella Willey			
		(If yas give weror dates of service		Carrell H.	Todd, Crecheren	, Md. 21627		
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	se par line for (a), (b), and (c).]	entre H	J. Disease	INTERVAL BETWEEN ONSET AND DEATH CONSTRUCTOR		
	Conditions, if e gave rise to imme (a), stating the cause lest.	ny, which (b)						
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CONDITION	er shal we	OT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN II	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
MEDICAL	20c. TIME OF IN Hour e.m	. 19	While Not While fact at work at work	CE OF INJURY (Home, far. lory, streat, office bldg., atc	c.)	(County) (Slete)		
	21. I certify that (I) (this hospital) attended the deceased from							
	220. SIGNATURE Cughw 12 many const M.D. ATTENDING MED. STAFF 2/25/66							
	22c. PHYSICIAN NAME (Typ	ALFRED	R. MARYAN		PACE ST, C	AM BRIDGE		
1	REMOYAL (Spacif	100 27, 2	966 Bethany Churc	chyard	Crocharon, Mar			
124 L	eCompte F	uneral Servic	e, Cambridge, Mary	yland 250. RE	C'D BY REGISTRAR 256. REGISTI	rar's SIGNATURE		

VR A15 (4) 20M 5-63

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Dorghoster Co., Maryland

Isabella Miller

Mr. Carroll H. Tedd, Creencron, Fd. 21627

Margani Description

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Breite 2: 1995 Fewers Christians Section Foot Parties

Willem Held meet

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Ne		noon CERTIF	ICATE	OF DEATH			03057
ionis dilei dedili	1.	PLACE OF DEATH O. COUNTY DORCHESTER MARY	TAND	o. STATE	Where deceosed lived, if institu b. COL	JNTY	
13		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY I		MARY!	.AND tside corporate limits, write RU		HESTER
0		write RURAL and give nearest town)				TRAL OILD GIVE HED	iezi iowii)
		RURAL CAMBRIDGE 4 YEA	RS	CAMBE	RIDGE	- 0	/-/
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
13		EASTERN SHORE STATE HOSPITAL		SHEPPARE	AVE.		YES NO
	3.	NAME OF First Middle		Lost	4. DATE Mor	nth D	oy Year
		DECEASED (Type or print) HARRY W.	To	RAVERS	OF DEATH FERRI	JRRK 18	19 66
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	R IF UNDER 24 HRS.
N.		MALE WHITE WIDOWED DIVORCED	-	0/20/ 1889	last birthday)	Months Doy	s Hours Min.
1	NO	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		9/20/ 1989	& Stote, or foreign country)	12. CITIZEN	OF WHAT
. 20	du	ing most of working life, even if retired) INDUSTRY			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COUNTR	Υ?
-	12	FATHER'S NAME		MARYLAN 14. MOTHER'S MAIDEN N			JSA
	13.			14. MOTHER 3 MAIDEN P	MAINE		
		WINFIELD TRAVERS		UNK			
	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. 1	NFORMANT	Add	ress	
	1.	es, no or unknown) (If yes give wor or dotes of service) No 213-24-44	82 M	SEDICAL RECO	RDS, ESSH, CA	MBRIDGE	Mp
3		18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b)) and (c).)	Λ	1_			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conduct	NA	rest			ONSET AND DEATH
		4330 DUE TO 0 1	1	1	0 0	1	
	6.1	Conditions, if ony, which gove) (b) Cerebral	1/0	no les	No a Vene	+	
		rise to immediate couse (o),		V GLOVE	William		
		storing the underlying couse					
LE.	41		ATED TO 4	for Tenantial Distance con-	IDITION CHIEN IN DADT 1/ \		19. WAS AUTOPSY
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ALED IO	HE TERMINAL DISEASE CON	IDITION GIVEN IN KAKI I(G	Lut	PERFORMED?
0	CERTIFICATION	Septimenia In & chife	iles	en lity	the Kight		YES NO
	TIFF	20₀. ACCIDENT WAS UNDERLYING ☐ 20₺. DESCRIBE HOW INJURY OF OR CONTRIBUTING ☐ CAUSE OF DEATH	CURRED.	(Enter noture of injury in I	Port I or Port II of item 18.)		
	GE	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED		CE OF INJURY (Home, form		(County)	(Stote)
33	MED	Hour o.m. p.m. 19 While Not While of work	foct	ory, street, office bldg., etc.)	74 25 1826		
		21. I certify that (% (this haspital) attended the deceased	1-1-121	5/62	9 62 , 30 2/18/	19.66	that x1) (we) las
		May the deceased alive an 2/18 1966,	and that	t death occurred at	9:15 M, from causes	and on the d	late stated above
Ŋ.		22a SIGNATURE	and ma	Tudam occomba an	m, non caosos	22b. DATE S	
		James of Smith	J.M	D. PHYS.	MED. STAFF DIRECTOR PHYS.		8/66
1	v	122c. PHYSICIAN'S	PILL	22d ADDRESS	DIKECTOK LI PHIS.	1/2	1 10
/	/	NAME (Type) JAMES SMITH MD		8-1	no hore SA	at H	essite
100	1		TERM OR	- Correct	Last taction (c)	770	1
0	23	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMBER 21 1966 Cambridge			23d. LOCATION (City or T		
2	_				Cambridge,		
no	2	LeCompte Funeral Service, Cambridge	Mar	ryland 250. REC'D		Clarley	Candala to
10		Transfer por 1 min Tare	7 1301	LATTURE DALE E	2 1 1966	- concret	The same

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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	300180001	26437	DONATHANA JASUS
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	Unaryani d	booles	
	wite		PRINCES TO A PRINCE
	o ander dea in detre l		September 2nd
2/1/2 E 2/15/65 2/2/2/2/2/65	Senting	A.	Color of the state
analyment sport	SmeD Camb	ence or burgone hand	SPI IS JAC - MILITARY
and the same	to the stage boards	e, Corbide Cor	Company atoms of

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

: المادية ال	2	CERTIFICATI	E OF DEATE			URY	641	
1. PLACE OF DEAT a. COUNTY		MARYLAND	2. USUAL RESIDEN a. STATE	MD.	b. COUNTY	Residence		mission)
b. CITY OR TOW Write RURAL RURAL CAM	VN (if outside corporate limits, L and give nearast town)	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (I	f outside corporate				t town)
d. NAME OF HO	OSPITAL OR INSTITUTION (IF not in HORE STATE HOSPIT		d. STREET ADDRESS	3		8	ON A F	ARM?
3. NAME OF	First		Last	4. DATE	Month	Day	Yea Yea	NO 📙
DECEASED (Type or print)	LEE		ALDRON	OF DEATH	FEB. 14		19 (66
5. SEX	6. COLOR OR RACE 7. MARRIES	XI MEASY MAKKIED	8. DATE OF BIRTH 6/4/94	9. AGE last 71	(In years IFUND Months	ER 1 YEAR	Hours	Min.
10a. USUAL OCCUPA during most of work	TION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY Garage	11. BIRTHPLACE (I		elgn country) 12.	CITIZEN COUNTRY	OF WHAT	
13. FATHER'S NAM ELMER W		XE PULLE	NORA BUC					
15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FORCES? 16		INFORMANT		Addrass			
	DEATH (Enter only one cause per	213 – 16 – 82 97 Ilna for (a), (b), and (c).] NEU MO N I A	HOSPITAL RE	ECORDS		ONS	RVAL BET	DEATH
Conditions, If gava risa to cause (a), s	Immediate (ENERAL DEBILITY				5	bear	rs
PART II. OTHER	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
Hour a.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, factory, street, offica bldg., etc.) 20f. (City or town) (County) (State) 20m. 20m							
21. I certi	21. I certify that (I) (this hospital) attended the deceased from 11/6, 19.63, to 2/14, 19.66, that (I) (we) last saw the deceased alive on 2/14 19.66, and that death occurred at 1:38, from the causes and on the date stated above.							
22a. SIGNATU		USU M.C		P.M. MED. S OIRECTOR P		DATE SIG		
	22c. PHYSICIAN'S NAME (Type) CARLOS F. BARROSO 22d. ADDRESS E.S.S.HOSPITAL, CAMBRIDGE, MD.							
23a. BURIAL, CRE REMOVAL (SC	MATION, 23b. DATE THEREOF 2- 17-66	Junior Order		Near Pr	ON (City, town or eston,	county) Maryl		ate)
24. FUNERAL DIR	ECTOR FLAMES !!	Home Foden &	burg moderate	B 1 8 1000	2 4 4	AR'S SIGN		

VR AI5 (4) 20M 1/65 14251 ZYRS, CHRESKY some armine the sound . . THE PERSON OF A SECOND Annual Activities 1, 12-1-11 P. Sept. more YT UEST AND S ACCOUNT OF BELLIA TO BE WELL I wanted the water the second the second of the

Page 4 may FO FUNERAL director, p VR A15 (4) 20M 1/65

NAME (Type)

REMOVAL (Specify)
Burial

24. FUNERAL DIRECTOR

ELIP

Feb. 9/1966

BURIAL, CREMATION, 23b. DATE THEREOF

COMPANY SALISBURY, MARYLAND

.S

NAME OF CEMETERY OR CREMATORY

Olivet Cemetery

.S. HOSPITAL, CAMBRIDGE, MD.

23d. LOCATION (City, town or county)

Near Eden, Maryland
25a. REC'D BY REGISTRAR'S SIGNATURE iarles

e. IS RESIDENCE

YES ND X

Year

NTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

ND \

(State)

(State)

PERFORMED?

YES

66 that (# (we) last

(County)

2/3/66

19 66

Day

COUNTRY?

U.S.A

ON A FARM?

A LANGUETTE AND A LANGUETTE

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Surial Seb.9/1966 Olivet Cemeterv Weer Eden, Marriand

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()2249

	7
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Dorchester MARYLAND	a. STATE b. COUNTY Dorchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Cambridge Life	Cambridge 09-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
603 Schoolhouse Lane	603 Schoolhouse Lane YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Ernest Monroe	Wilkins DEATH Feb. 17. 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.
Male Negro widowed Divorced	Apr. 12, 1908 57 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer	Dorchester Co., Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isiah Wilkins	Laura F. Cornish
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) ((If yes give war or dates of service)	7. INFORMANT Address
Yes WW TT 217-10-8482	Agnes Henry Cambridge, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
100%	cinomatosis
Conditions, If any, which	
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last.) (c)	FLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
SE LANGUAGE CONDITIONS CONTRIBUTING TO DESTIN BUT NOT RE	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECOVER TO BE A CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RECOVER TO CONTRIBUTING TO CONTRIBUT	CURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Mot while	ctory, street, office bldg., etc.)
	September 1, 1965, to Feb. 17, 1966, that (1) (we) last
saw the deceased alive on Pell 7, 196, and the	hat death occurred at 7P M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Jacobara 1	M.D. ATTENDING MED. STAFF 2-17-66
PHYSICIAN'S J. Edwin Fassett, M.D.	22d. ADDRESS 727 Pine Street Cambridge Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	
REMOVAL (Specify)	
Burial 2/20/66 Beth	nel Cambridge, Md.
	22/ 2 0
Judijuk C. Hold Cambridge	Md. DIEB 25 1966 Charles Judges

VR A.15 (4) 20M 1/65

618.24B TON HOME PO! A cond sammifoods ESO 3 , a sent orangi muiot due Enteret Varion MITELINE 100 17, 17, 160 dalent of sense entitle dated Test the state of Triginin Fastata, P.D. 777 Fire Surence Dalbelogo, d. Design 2/20/66 Bernel Cambeldge, No. Tractical Company of the Manager of the Company of Item 20b Film G373

PLACE OF DEATH

a. COUNTY

Department after death. funeral delay nd 3 tc Page State 2, and PM3. F EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ould be forwarded to the Chief Medical Examiner's Office along with fogm 60 should files. Page 4 s for your O DEPUTY MED director.

5M

Dorches ter
b. CITY OR TOWN (If outside corporete limits,
write RURAL end give neerest town) Upper Hill d. NAME OF HOSPHAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS hours Eastern Shore State Hospital
3. NAME OF First Middle Last 4. DATE DECEASED (Typa or print) DEATH 6. COLOR OR RACE Williams February Christopher 5. SEX DATE OF BIRTH 7. MARRIED X NEVER MARRIED WIDOWEO Male Negro DIVORCED 12-03-91 and event 10e. USUAL OCCUPATION (Give kind of work donal during most of working life, even if retired) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY North Carlina Schoolteacher any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Williams Anna Polk File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. Records of the Eastern Shore State Hospital 1919 CAUSE OF DEATH [Enter only one couse per line for (a), burlal-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (8 DUE TO Conditions, If eny, which gave rise to immediate DUE TO causa (a), stating the used as a to burial, underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) should gent, pri Fall: hit door frame 3 shou agent, MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) factory, street, office bldg., etc.) Not While L DIRECTOR: Page 3 Eggs Show Shop at work et work Inspection 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER FUNERAL I **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) DATE THEREOF LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. 23c. CEMETERY OR CREMATORY REMOVAL (Specify) 0 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. VR ALSME (5) 1/65

MEDICAL EXAMINER'S

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

c. LENGTH OF STAY IN 1b

a. STATE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Maryland Somerset.
c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? NO Se Oay Year AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. last birthday) | Months | Oeys | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND OEATH 19. WAS AUTOPSY PERFORMED? NO T YES (State) (County)

and In low opinion

22. DATE SIGNED

REGISTRAR'S SIGNATURE

(State)

Month

YTS.

Address

Inquiry

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1225
CERTIFICATE OF DEATH

		02295 CE	RTIFICATI	E OF DEATH	100	16221	
	1.	PLACE OF GEATH a. CDUNTY DOVCKESTEV	MARYLAND	a. STATE	E (Where deceased lived, If Institution b. COUNTY	on: Residence before dimission)	
		b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town)	H OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write R	URAL and give nearest town) 2 2 - 2	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	ve street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM? YES NO	
	3.		Middle //\S	Last	4. DATE Month DF DEATH	Day Year	
	5.	SEX 6. COLOR DR RACE 7. MARRIED NEVE	WARRIED _	B. DATE OF BIRTH		IDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.	
1	10a dur	USUAL OCCUPATION (Give kind of work done 10b. KIND DF BU INDUSTRY	DIVORCED SINESS OR	11. BIRTHPLACE (Con	unty & State, or foreign country) 1	2. CITIZEN DF WHAT COUNTRY?	
	13.	FATHER'S NAME			estown, Md.	USA	
		Elijah Williamson Lova Lank Pard Salla					
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of service) 218-14		rs.Earl Wh	ite(Daughter)	R.D.#20	
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a),	(b), and (c).]	STEPTY SALC	1100	INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					
		Conditions, If any, which DUE TO Conditions, If any, which be compared Useful Useful desident.					
		gave rise to immediate cause (a), stating the underlying cause last. DUE TO	morio	-			
,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTDPSY PERFORMED? YES NO	
		200. ACCIDENT WAS UNDERLYING A	HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of Iter	n 18.)	
	MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCC Hour a.m. While at work at work at work	hile factor	CE OF INJURY (Home, far ry, street, office bldg., et	rm, 20f. (City or town)	(County) (State)	
		21. I certify that (this hospital) attended the deceased from 6 - 17, 19 6 to 2 - 7, 19 6 that (I) (we) last saw the deceased alive on 2 19 6 and that death occurred at 3 M, from the causes and on the date stated above.					
		22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS.					
7		22c. (PHYSICIAN'S James F. Sm)	th	22d ADDRESS	Shore States	Hospital	
	23a	PEMOVAL (Specify)	AME OF CEMETERY	OR CREMATORY etery	23d. LOCATION (City, town o	r county) (State)	
		FUNERAL DIRECTOR AD	DRESS	25a. REC		RAR'S SIGNATURE	
	H(DLLOWAY & COMPANY SALISBU	JRY, MARY	LAND DATE B	10 1966 Julian	rees Judge	

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(dgsg W. Comer Maria Line PROVEN FE Stehny Burkey D. - Kal E 4583 Trad13 MERSHILL: 1-23-10 A STATE OF THE STA Reportion Promone Caroline Vescular accident Meningional 4-3-7-66 James F. Smith Enter Shere State Hespital cuted en. 10/1966 Files Cemetery Silon, Manyland HOLLOWAY & COMPANY BALLSBURY, MARYLAND

	MARYL	AND STATE DEP	ARTMENT OF H	IEALTH	
)	02296	CERTIFICATE		TREET, BALTIMORE	1, MARYLAND ()2959
1. PLACE OF DEATH • COUNTY Derchester MAR		MARYLAND	2. USUAL RESIDENCE a. STATE Mary	Derchester	
to Dillo Al I I		about 50 yrs	c. CITY OR TOWN (IF a	URAL and give nearast town)	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos RFD #3	spital, giva streat addrass)	d. STREET ADDRESS RFD #3		IS RESIDENCE ON A FARM? YES NO N
3.	NAME OF First DECEASED (Type or print) WALTER		GATE Last	OF DEATH Feb	ruary 27, 1966
	Male 6. COLOR OR RACE 7. MARRIE WIDOWE		April 1, 1873	9. AGE (In yeers last birthday) 92 yrs.	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.
10 de	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired) Waterman	Seafeed		& State, or foreign country) Co., Maryland	USA
13	Joseph E. Wing	gate	14. MOTHER'S MAIDEN N. Laura		
			NFORMANT S. Walter S.	Wingate, RFD3,	Cambridge, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lina for (a), (b), and (c).	tea		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause	bemia,	che mon	vezlie	6m
	(e), stating the underlying DUE TO (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
CERTIFI	20e. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Entar nature of injury in f	art 1 or Part II of item 18.)	

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, streat, office bldg., atc.

Not While at work at work

21. I certify that (I) (this hospital)

attended the deceased from. GO, and that death occurred

M.D.

ATTENDING

PHYS.

MED. DIRECTOR STAFF PHYS.

22b. DATE Lecust St., Cambridge, Maryland

(County)

the causes and on the date stated above.

(Steta)

SIGNED

(Stata)

James 23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Spacify) Mar 1, 196 Mar 1, 1966

saw the deceased alive

PHYSICIAN'S NAME (Type)

22cl

23c. NAME OF CEMETERY OR CREMATORY Derchester Memorial Park 23d. LOCATION (City, town or county) Cambridge, Maryland

24 FUNERAL DIRECTOR'S SIGNATURE Funeral Service, Cambridge, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

certificate be executed within 24 hours after physician and completely filled in by the remove carbon papers. Pages 1 and 2 any event, within 72 hours after death. death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendarector, page 3 should be detached for use as the burial-transit permit. Then bleat be filed with the State Dept. of Health prior to burial, cremation, or removal, and The law requires that the OR AITENDING PHYSICIAN: TO HOSPITAL

MEDICAL

funeral

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